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Therapeutic Value of Rest in Affections of the Joint.

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Progression seems to be after the wave fashion. One moment men fix their eyes upon the microbe, which though diminutive, rides like a conquerer on the crest of some lofty wave, soon sinking out of sight in some billowy valley. Soon another wave follows bearing, upon its foam-capped crest, again into view, something which men in their intoxication after the *new*, whatever it be, seem to have forgotten—something *old* perhaps, but after all *true*.

Yesterday it was the clinical theory of Liebig, to doubt which would have been declared disloyalty, to-day it is the microphytic theory, to-morrow who can say what? We physicians, as others, must have some working hypothesis in order to work at all. As our knowledge expands the theory of our fathers often becomesinsufficient to explain the various and newly observed phenomena; thus we are led to substitute others more complete. All our discarded hypotheses which lie scattered along the path of progress are in part true, more sometimes than we think when with ruthless hand we discard them.

At no one time does the profession seem competent to comprehend the whole of medicine. Thus one generation devote themselves almost exclusively to semiology, another to pathology, another to etiology, another to therapeusis. This seems to be an etiological age with the profession. Glance through our journals and you will see that a large majority of the articles are written upon some phase of etiology; and this is good and profitable work, but after all we must not lose sight of the great central idea of our profession,—the cure of disease. It is as an humble contribution in this direction that this paper is submitted to this society.

Diseases of joint structures are a very prolific source of maimed limbs, and not unfrequently death results. They are among the most common of the diseases incident to childhood, but adults are not exempt from them. Their results if treated not at all or improperly are uniformly deplorable.

We shall not attempt to enter into the history of this subject, and this paper will encompess only the modern era, dating from the time of the elder Sayer.

We shall have little to do with etiology, semi-ology or pathology of joint diseases in this paper, further than is necessary to a clear comprehension of the indications for treatment.

Broadly speaking we may divide all joint diseases into—1st acute, 2nd chronic,—and again the first of these classes may be subdivided into, *a* those commencing in the joint itself, i. e. synovitis, syndesmitis, and secondarily invading periarticular structures. *b*. those primarily beginning in the bones and other periarticular structures and secondarily invading the joints.

Since the advent of the microbe doctrine we recognize in what the older writers termed the strumous variety. 1st—The tuberculous, having as its specific cause the bacillis tuberculosis of Koch. 2nd—The non-tuberculous, i. e. traumatic, septic, rheumatic, syphilitic, etc.

As the starting point of a tuberculous joint we often have an initial traumatism, which acts upon the tissues in the direction of lessening their inherent resisting powers to microbic invasion. Thus the bacillus gains a resting

place within the tissues and gives rise to the graver forms of the disease.*

On the contrary Richard Barwell† advocates the older idea of a constitutional dyscrasia which he denominates as struma, in contradistinction to the tuberculosis.

As regards the relative frequency of occurrence in the various joints of the body we find by the published statistics of orthopædic institutions‡ that of all cases of joint diseases occuring within the last year 558 occurred in the hip, 207 in the knee, 64 in the ankle, 7 in the shoulder, 16 in the elbow, 3 in the wrist; a total for the lower extremity of 829 as against a total of 26 for the upper.

Judson‖ draws a rational and obvious inference from the fact, that inflammation in and about a joint is very ready to undergo spontaneous resolution provided the part affected is favorably situated. The joints of the lower extremities are, by virtue of their function of weight-bearers, more constantly exposed to violence and injury than the upper, and when so injured, by virtue of this same function and for the same reason less chance to recuperate. It becomes plain from the study of this natural phenomena, that if we can place the joints of the lower extremities in as favorable situation for recovery this will occur as often in them as in the upper, there being no differences in the conditions outside of that above mentioned.

The fact that rest to these inflamed joints is imperatively demanded is conceded by all. Some say rest until acute symptoms have subsided, and then passive motion in order to forestall and prevent anchylosis. Passive motion when disease intra-articular is a pernicous *ignatus fatuus*. It is only useful at all where disease and adhesions are peri-articular.

Dr. A. M. Phelps of New York,§ has made an experimental study of the effects of immobilization, using dogs. His conclusions were as follows: 1st.—That a normal joint would not become anchylosed by simple immobilization for five months. 2nd.—That motion was not necessary to preserve the joint normally. 3rd.—That anchylosis during treatment of diseased joint was not due to prolonged immobilization, but to pathological causes. 4th.—That if immobilizing a joint intra-articular pressure was produced, diseases of the head would result. 5th.—That atrophy of the muscles would follow prolonged immobilization. Therefore he would recommend fixation in the treatment of inflamed joints and the overcoming of intra-articular pressure.

Passive motion in the main is far better left severely alone.

Before this essential factor of rest was fully recognized, the mortality was 30 per cent., while at the present time deaths do not reach 5 per cent.* There is one pre-eminently essential thing to be borne in mind when dealing with these cases; if we would have ideal results, early diagnosis is imperative. Divided as the disease is into three stages, it is during the first of these that wholly satisfactory results are obtainable, when proper treatment is at once resorted to and uncompromisingly carried out. I affirm that almost every uncomplicated case seen in this early stage can be cured both as to function and limb formation.

However, as a matter of fact, the physician does not see all these cases during their flood-tide of opportunity, through the carelessness or ignorance of parents or patients.

As has been said this paper shall not have to do with diagnosis, with the limp, pain, tenderness, stiffness and swelling of this early stage all are familiar. This is also true concerning the various postural signs.

These general considerations now fetch us to the real scope and object of this paper—treatment of these joint diseases in their three stages after diagnostication.

We have before us for consideration two general methods of treatment, each having in view the same object—the placing of the joint in a position to secure rest—and differing only in appliances.

These are first, the American; second, the European. The former owes its existence to

*. Max Schuller, 1880.

†. See article in the International Encyclopædia of Surgery.

‡. N. Y. Hospital for Ruptued and Crippled, and N. Y. Ortheædic Dispensary and Hospital.

‖. Medical Record Agr. 26, '90, page 469.

§. Medical Record Vol. 37, page 158.

*. Courier of Medicine Vol. 18, page 17.

the elder Sayré, Thomas, of Liverpool, and Marsh stand at the head of the latter. The American idea is that rest of the joints should be accompanied with general body exercise and fresh air, the European more often confines his patient to his bed, while treatment is in progress. These two methods include everything in the way of mechanical appliances from Hutchison's no-splint treatment to the largely complicated contrivances of Barwell. Each method has advantages and disadvantages, and each can show good results in selected cases.

Indications for treatment in first stage.—There is one indication which is common to *all* inflamed joints, it is *rest*, secured by means of different mechanical appliances for the different joints of the body. Inflammation is but an attempt of nature to replace tissues already dead or doomed to die—a perverted and sometimes abortive attempt perhaps, but withal an attempt, when it fails in its object, that in itself becomes destructive. It is an attempt on the part of nature to repair. Repair is impossible without a degree of what we designate as inflammation. In an incised wound we have the sides agglutinated by means of a lymph exudate, the result of a degree of inflammation. This becomes as embryonic tissue replacing that which is destroyed; repair has its prototype in growth—rest is as essential to the one as it is to the other.

When we speak of resting a joint we mean both functional and mechanical rest. In the case of the hip-joint friction and weight-bearing must cease.

Friction is a combination of pressure and motion, hence if we would secure rest to a joint, motion must be overcome and pressure reduced to a minimum.* The first indication then is rest to the diseased joints.

Often we find a constitutional dyscrasia bearing a coincident or causual relation to the local disease; this at the same time must also be combatted with hygienic and medical means. therefore our second indication for treatment is the correction of all constitutional conditions which predispose or complicate the local disease.

* Chicago Jonrnal and Examiner Vol. 58, page 321.

The indications for treatment in the other stages, so far as this paper is concerned, are the same except where operative interference is demanded and that is foreign to this article.

Treatment of diseases of the hip-joint.—Bearing the first indication in mind the treatment of the local difficulty resolves itself into the selection of the best appliance, among the many, the one which will insure the completest rest.

As a guide to this selection let us glance for a moment at the anatomy of the structures which when aroused by disease demand treatment: 1st, we find an enarthrodial or ball and socket joint, capable of movement in all directions according as the power is applied. Acetabulum looks outward somewhat downward and forward. 2nd.—Drawing the femur in a direction upward and inward we find the psoas magnus, iliacus, the muscles of the internal femoral region, viz.: gracilis, pectineus, adductors longus, brevis, and magnus, all of which group have as their fixed point when acting upon the femur, the pelvis anterior and internal to the acetabulum, i. e., the pubes and ischium, gluteus, maximus, medius and minimus and pyriformis. The two obturator muscles with the gemelli act inward from a point almost or quite horizontal to their point of attachment on the femur. Posteriorly we find drawing almost directly inward—the biceps, semi-tendinosus and membranosus.

The resultant of these various forces acting upon the femur with the pelvis as the fixed point will be a bearing mostly inward and a little upward, not the direct upward bearing which we are led to believe from the construction of the ordinary apparatus. Buck's extension, this being the case is based on a wrong conception and is harmful because, 1st—It makes traction in the line of the body while it should be made almost horizontally outward in the line of the neck of the femur. 2nd.—It does not immobilize the joint, the body being immovable on the fixed thigh. 3rd.—It confines the patient to his bed when an abundance of fresh air and exercise are needed.

Thomas' splint does not meet the indication fully because, while it affords almost perfect immobility, it makes traction in the

contra-indicated direction. Likewise is this true of Sayre's, Barwell's, etc.

Friction is the result of pressure and motion. Therefore rest means the holding of these two factors in abeyance so far as possible. To secure rest then a splint must be constructed with two objects in view: 1st.—Immobilization. 2nd.—Extension (in the proper direction.) The splint which comes nearest this ideal is, in my estimation, Blanchard's* of Chicago, a cut of which is here presented. As its inventor pointed out, it is constructed after the Thomas model, with difference of an external long strap of iron somewhat arched toward which traction is made, by means of a strap passed around the inner side of the thigh. This force in conjunction with that of the muscle masses we have called attention to gives a resultant nearly if not quite coincident in direction, with the long axis of the neck of the femur. Immobilization is as perfect as is afforded by the Thomas, with the significant advantage in the direction of traction

Judson's perineal crutch when used alone has the same disadvantage already dwelt upon.

With the Blanchard splint applied and a pair of crutches, and raised sole on the well side, the patient is able to be kept up and get about with considerable ease. This splint may be constructed by any ordinary blacksmith and this is a consideration of immense importance to the country surgeon. The more of our apparatus' that we can make or have made at home, the better are we equipped. Our patients as a rule are not wealthy enough to afford the complicated and expensive appliances of instrument makers, especially where an inprovised one will fill all the indications.

With the exception of Dr. Phelps' splint I know of no others that are constructed on the principle just outlined.

If we would prevent anchylosis, absolute immobility combined with rest from intra-articular pressure must be secured.

A long while ago Hilton† called attention to a tolerably accurate law, "the same trunks of nerves whose branches supply the groups of muscles moving a joint, furnish also a distribution of nerves to the skin over the insertions of the same muscles; and the interior of the joint receives its nerves from the same source." This insures harmonious action of all parts of the joint. Since this is true it must follow that sedation of these peripheral distributions will produce more or less sedation of the interior of diseased joints, hence I am a believer in the efficacy of soothing lotions—another auxiliary in producing rest.

If the patient presents himself during the first stage of the disease, this treatment will in nearly all cases effect a cure with a perfect or almost perfect limb. I do not believe in the radical measures advocated by Weller Van Hook, which consists in cutting down to and the removal of the tuberculous foci, because 1st—It is impossible to determine that we have removed all disease foci. 2nd.—Results are not so good in the general practitioners hands as when rest is applied on sound mechanical principles. 3d.—The magnitude of the operation is out of all proportion to the indications present. It is an operation better suited to the third stage of disease.

If we find a case well along in the second stages what then?

We find marked rigidity of the musculature about the joint with its dependent phenomena of fixation in a position of flexure, external rotation and abduction.

In nearly all of these cases it is possible to reduce this condition of things under chloroform to its full physiological effect, when the splint may be applied as in the first stage. It is well for the patient to remain quiet for some little time however, as prostration is much greater. In our effort to overcome muscular rigidity, any violence soever is to be deprecated, is harmful. If chloroform fails to effect a relief it is possible to gradually extend the limb by an apparatus constructed for that purpose, remembering always that if we use the bone as the fulcrum of our lever we increase intra-articular pressure.

A proportion of these cases will necessarily continue over into the third stage.

In the third stage perfect results are seldom attainable. Pus must be evacuated as in

* Medical Journal and Examiner Vol. 58, page 321.

† Hilton Rest and Pain page 95.

abscess elsewhere. The joint must be treated as a suppurating cavity. Elston* of Kansas City, believes that exsection is the proper routine treatment in this stage however this stage of the disease does not fall properly within the scope of this paper.

Diseases of other Joints of the body.—Bearing the points we have just made in mind and applying rest by means of appliances modified to suit the situation constitutes the treatment. Rest is the great underlying principle. The mechanical conditions to be met with in each separate joint of the body must be studied. Space forbids our describing each in detail.

Buck's extension in diseases of the knee with flexion is precarious. When so applied it increases intra-articular pressure as the figure given below will demonstrate.

It is plainly to be seen that in order to assume the straight position the femur and tibia must describe the segment of a circle which would necessarily increase pressure of head against head.

The perineal crutch is especially valuable in diseases of the knee joint. Dr. Emerson of Winfield, Kansas, has presented to the profession one of these crutches very effective and so simple in construction that any blacksmith can make one. The cut annexed will explain its construction.

If the knee joint resists all ordinary efforts at extension on account of the extreme contraction of the ham-string muscles, tenotomy may be performed rather than use violence.

Resume.—First—That disease of that articulation is not uncommon in early childhood, and that it is a prolific source of deformity.

Second—That rest intelligently applied, together with attention to all constitutional dyscrasia are the indications ordinarily present for treatment.

Third—That the practice of traction in a line with the body in hip-joint disease is erroneous and calculated to do harm. That traction should be made in the direction coincident with the axis of the femoral neck, as it is on this plane that the muscles act.

Fourth—That the American method is generally preferable to the European because it admits of the patient taking exercise.

Fifth—That rest intelligently applied, together with sedative lotions and attention to the general health, will cure nearly if not all of joint disease seen in the early stage.

Sixth—That violence is never permissible in the correction of flexion and in anchylosis that is intra-articular.

Seventh—Passive motion should rarely if ever be practiced.

* Kansas City Medical Index Vol. 7, page 536.

MODERN METHODS OF TREATING LINGERING LABOR.—A discussion before the British Medical Association will be found reported in the *British Medical Journal*, No. 1552, 1890, upon this subject. Playfair prefers chloral in doses of fifteen grains, repeated in twenty minutes, to allay the pains of the first stage of labor. A third dose is rarely required, and the drug may be given by enema if the stomach be irritable, When uterine contractions are deficient, quinine is often of service during the first stage. It is occasionally justifiable to separate the membranes, should they be attached round the internal os, by the introduction of the finger. When the anterior lip of the cervix is prolapsed and impacted between the head and the pubes, it is well to push it up between the pains by the finger. For delay in the second stage of labor, expression of the fœtus by pressure upon the uterus is often justifiable. The physician should stand beside the patient, who is placed upon her left side, and with his left hand upon the fundus of the uterus he should press strongly downward in the axis of the brim. The use of the forceps is often avoided by this manœuvre. Regarding the use of the forceps, the attitude of the practitioner should be one of constant watchfulness as labor progresses. When it is evident that the mother's powers are exhausted, delay should instantly cease, and the use of instruments be chosen.

In discussion upon this subject, the general drift of opinion was that during the first stage of labor the hot vaginal douche, the use of a narcotic to remove the inhibitory action of pain, and such assistance as change of posture would afford were all considered advisable. During the second stage, the cautious use of instruments was urged.

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Sympathetic Ophthalmia;

ITS TREATMENT—WITH CASES.

Read before the Eastern Kansas District Medical Society, Topeka, Kan., Jan. 13, 1891.

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The object of this paper is to partially answer in an abridged form the following questions, and to report some cases:

1. What is sympathetic ophthalmia? (a) Its cause? (b) Its mode of transmission?
2. What are the symptoms?
3. What is the treatment?

1. By the term sympathetic ophthalmia is meant disease of an eye from disease or injury in the fellow eye. By injury is meant traumatism from accident, or when a surgical operation has been done on one eye which not only fails of its object but subjects the well eye to disease. The term is a general one, embracing all diseases of the eye having a common origin, viz., from pathological changes in the fellow eye.

The field of ophthalmology does not furnish a more fruitful harvest for success or failure, than in the treatment or non-treatment of sympathetic diseases of the eye. It is a question often of the loss of not only one eye, but of both; or, in case one is lost, what can be done to preserve the vision, or a part of it, in the other eye? There are two recognized forms of sympathetic ophthalmia—irritable and inflammatory.

Irritation may be kept up until pathological changes are produced. A foreign body lodged on the cornea, superficial ulcers, phlyctenular conjunctivitis, or in fact inflammation and injuries of the conjunctiva of one eye often cause irritation of the other eye. Sympathetic trouble from this cause is seldom dangerous. It is when the deeper structnres of the eye, the uveal tract—the iris, ciliary body and choroid—is involved, that dangerous complications of the well eye through sympathy are more liable to be set up. When the cause is removed in time, be it superficial or deep, the effect usually ceases.

Sympathetic inflammation may be induced by a diseased retina or optic nerve, or by ciliary neuralgia. The ciliary body is the danger region of the eye. It is richly supplied with nerves, motor, sensory and sympathetic. It connects the iris with the choroid. It is also in connection with the retina. The iris and choroid are similar in structure to the ciliary body.

The ciliary ganglion, which lies in the orbit between the optic nerve and the external rectus muscle, receives branches from the ophthalmic division of the fifth or sensory, the third or motor oculi, and the sympathetic from the carotid plexus, and distributes them to the uveal tract and cornea. Aside from these are the inter-retinal nerves passing back only to the chiasm, the function of which is not known.

The lymph channels drain the posterior portion of the sclera, retina and vitreous, through open spaces in the lamina cribrosa into the sub-vaginal, sub-dural, or as it is sometimes called Schwalbe's space. This space opens direct into the cranial cavity. The direction of the lymph stream is from the bulb of the optic nerve toward the brain.

*"The lymph-spaces of the retina are formed by perivascular canals, which surround the blood-vessels themselves. The capillaries do not consist of a single endothelial canal, but of two separable cylinders which lie the one within the other. It is precisely the same with the veins, except that the outer endothelial layer is re-enforced by a tissue which is not unsimilar to reticulated connective tissue. The column of blood, then, is only separated from that of the lymph by means of a single thin endothelial membrane. The external surface of the choroid is provided with an endothelium, and the space between it and the sclera is called the perichoroidal space. The arteries, capillaries and veins are provided with perivascular sheaths by which the lymph is carried into the perichoroidal space, from which it finds an exit into the orbital spaces. A zone of lymphatics surround the cornea in the conjunctiva, and are connected by vessels to it."

* Loring.

The blood supply of the uveal tract is derived from the ciliary arteries. The veins empty into the ophthalmic vein and it in turn empties into the cavernous sinus.

Mention is made of that portion of the general anatomy of the eye as serves our purpose in the further consideration of the subject:

(*a*) The cause of sympathetic ophthalmia may be idiopathic or traumatic, such as ossification of the choroid or lens, tumors of the choroid, cysticerci, detachment of the retina, or injury to the same by foreign bodies; reclination of cataract, which becomes a foreign body when displaced; injury to the ciliary body, lens or iris; entanglement of the iris, in wounds in the cornea, or prolapse; synechia, cicatrices in the ciliary body, or where the ciliary nerves are caught in a cicatrix in wounds of that body, or after enucleation. In panophthalmitis, cataract operations, iridectomy or sclerotomy, where the iris is caught in the lips of the wound and healing takes place; an artificial eye, in case of bad fitting stump, or the stump after evisceration, or a phthisical stump; in parenchymatous, commonly called interstitial keratitis; in herpes zoster and glaucoma. The greater danger is to some portion of the uveal tract.

The time usually required for the development of sympathetic ophthalmia is from two to six weeks. In a number of cases reported by Alt, "three occurred within eight days; 36⅓ per cent. within two months; 15 per cent. between two and twelve months; 22¾ per cent. between one and twelve years; 12 per cent. between ten and twenty years; and 13⅓ per cent. between twenty and sixty years." There is probably five per cent. of blindness among youth caused by sympathetic ophthalmia.

(*b*) It is conceded by all that a diseased eye may set up sympathethic inflammation in its fellow eye, but its mode of production is a subject of controversy. There are several ways by which it might be communicated:

1. By the nerves—(a) optic; (b) ciliary; (c) inter-retinal; (d) sympathetic.
2. By the lymphatics.
3. By the coats of the blood-vessels.
4. By identity of tissue.
5. By metasasis.

Dr. Mittendorf is inclined to the belief that the medium of conduction is the ciliary nerves: "It is probable that a true neuritis of the ciliary nerves is set up, traveling to the nerve-centres, and from thence to the other side of the body."

* "Brailey concludes, from an examination of ninety eyes, primarily with a view of ascertaining whether structural changes of the ciliary nerves had anything to do with the transmission of sympathetic disease, that inflammation of the ciliary nerves is not an essential factor in its production, and that inflammation *round* the ciliary nerves, though more often present in both exciting and sympathizing eye is not an essential cause, since it is less marked than the inflammation around the accompanying artery. Inflammation around the long ciliary arteries, though more marked, more constant, and a shorter route, has however little to do with the transmission, for it may be wanting entirely, and is as well seen in cases of panophthalmitis, which is remarkably free from sympathetic disease. Inflammation of the sheath of the arteries also occurs in iritis serosa."

† "In a case reported by Drs. Ayres and Alt, from the appearance of the optic nerve, he (Alt) thinks Knies' theory supported; that the inflammation follows the piamater sheath from one eye to the other."

‡ "Berger found inflammatory changes in the optic nerve in fourteen among sixteen cases, and therefore believes, as he also found colonies of micrococci in the intervaginal space of an eye sympathetically affected, that the theory of migration along the optic nerve is the most probable one. He does not assert, however, that the disease is always of mycotic origin, or that it is not sometimes transmitted through the ciliary nerves."

§ "In Cornwall's case he found an optic neuritis in the fellow eye. Enucleation of the offending eye revealed an ossification of the choroid. Recovery of the sympathizing eye was perfect."

‖ "Deutschman's very interesting experiments on animals as to the genesis of sympathetic ophthalmia were made by injecting staphylo or strepto-coccus pyogenes aureus, which produced direct infection and inflammation of the other eye in a very characteristic manner through the track of the optic nerve

* Archives, vol. 16, page 257.
† Ibid., vol. 16, p. 480.
‡ Ibid.
§ Ibid.
‖ Ibid, vol. 14, p. 10.

and chiasma, and can, therefore, be considered a paradigm of the infectious, sympathetic ophthalmia."

His explanation of how the organisms get from one to the other is, "that they work their way forward with a certain impetus, an impetus which comes from their own growth, as well as their power of spontaneous movement. So they reach the chiasm, and from thence they are carried downward to the other eye by the lymph stream."

Randolph, commenting on this explanation says: "If the micrococci had this power of spontaneous motion we would want no better explanation. But micrococci do not possess this property. Micrococci and all those kinds of bacteria whose form of growth resembles the micrococci, are always in a state of rest, except such movements as are to be attributed to unavoidable shocks, as for example, mechanical violence to a part."

As we understand the direction of the lymph stream, the cocci would have to swim against the current. The direction of the lymph being from without inward.

*The experiments made in the pathological institute of the Johns Hopkins University by Robert L. Randolph, aided by Professor Wm. H. Welch, director of the institute, and Dr. B. Meade Bolton, assistant in bacteriology, were negative in their results as to Deutschmann's theory. Dr. R. says: "The question then arises, does infection play a roll in the production of sympathetic inflammation of the eye? Experience in a large eye clinic for the past four years, has inclined me to the affirmative side of this question. That the optic nerve, however, is the track of the infection, my experiments have led me to doubt seriously. The experiments which I have reported shed no positive light upon the mode of production of sympathetic ophthalmia, for in no instance was this affection a sequel of the operation."

The theory of the other methods of transmission advocated, might have been mentioned, but they prove in the end that with no more positive evidence before us we must admit that the mode of production of sympathetic ophthalmia is unknown. I believe the disease is not confined to any one mode of transmission, but may be, and is at times, conveyed by each of the ways advocated.

This brings us to the second question, "What are the symptoms?" and we will combine with it the third question, "What is the treatment?

Sympathetic irritation is the prodromal stage of sympathetic inflammation. In the former no pathological changes have taken place; in the latter they are present. Where the irritative stage ceases and the inflammatory begins cannot be known; and yet it is essential to know. It is the hinge upon which hangs the door to the salvation of the sympathizing eye In case inflammation has begun in the sympathizing eye treatment is of little avail. In the irritative stage, by prompt interference, the result is gratifying. It is therefore a question of judgment, based upon experience, when to resort to operative interference. Where the offending eye is destroyed and there is doubt, especially should it be for the cosmetic effect, give the patient the benefit of the doubt by enucleating the eye; for it is better to remove ten thousand worthless eyes, it matters not what the cosmetic effect may be, than to run the risk of total blindness. If, however, the exciting eye has some vision, and sympathetic inflammation has set in, wait and see what nature will do. Meet the indications as they arise, keep the patient comfortable and rely on nature. If the sympathizing eye is lost, and the exciting eye has some vision, and recovery is delayed, remove the blind eye if there is reason to suspect it is a factor in the delay. Some of the unpleasant features of enucleation are:

1. A few deaths have followed enucleation, especially during panophthalmitis.

2. There is, as a rule, some more disfigurement.

3. Accidents may follow; the orbital tissue may slough; hemorrhage may be dangerous.

4. In children it prevents complete development of the orbit and side of the face of the enucleated eye.

These factors should be considered in advising enucleation, but they are trivial compared with the good resulting from its judicious employment. Many eyes, probably having

* Archives, vol. 17, p. 212.

some useful vision in them, have been sacrificed to the fear that they would induce sympathetic inflammation; but good eyes have been lost because the patient objected to the operation or the mutilation, or because of the timidity on the part of the surgeon in urging the operation, and a desire to gratify the patient, hoping something would occur to avert the impending calamity. This something is not liable to occur. Something must be done, and the sooner the better.

The other surgical procedures advocated for sympathetic ophthalmia we have not tried,

1. Because the same amount of protection is not afforded the patient.

2. Enucleation often has to be done in the end.

3. The uncertainty in knowing when the operation is complete. The delay may prove fatal.

4. They have not received the support of a fair minority of the best oculists.

5. Some of them are much more difficult than enucleation.

6. The hemorrhage is liable to be great, the reaction more intense, and the time of recovery longer than in enucleation.

7. Sometimes the globe shrinks, and an artificial eye has to be worn.

The operations alluded to are neurectomy, or neurotomy of the optic and ciliary nerves, and evisceration or exenteration. Neurotomy or optico-ciliaris is a division of the optic and ciliary nerves. In neurectomy the ciliary nerves are divided, and a section of from 3 to 4 m. m. in length of the optic nerve is removed.

In some cases sensibility of the cornea returned, showing that the ciliary nerves had united, and a repetition of the operation was necessitated. Some of the ciliary nerves may escape division, for it is difficult to tell when they are all severed, and the result will be unsatisfactory. The optic nerve may unite unless a section of it is removed.

The cornea should be rendered insensible when the ciliary nerves are all divided, except at the periphery, where it is supplied by sprigs from the conjunctiva. In evisceration or exenteration, the cornea is excised at the limbus, or as much of the anterior part of the globe as may be necessary, and the vitreous and uvea removed by a spoon or sponged out.

Exenteration leaves a better stump when successful, affording greater movement of an artificial eye than enucleation; and in recent injury, in young subjects, and in properly selected cases, might be indicated.

As it is usually the pathological changes in the deeper structures of the eye that causes the disease in the fellow eye, these same anatomical bodies in the sympathizing eye are the parts first affected. We may therefore divide the leisons into superficial and deep.

The superficial symptoms are photophobia, lachrymation, spasm of the orbicularis, spasm of accommodation, fading of the vision, supra-orbital neuralgia, recession of the near point, weakness of the eyes, inability to do close work without pain, pericorneal injection. This may all be brought about by a foreign body on the cornea, or an inflammation of the mucous membrane, or loss of epithelium of the cornea exposing the terminal nerve filaments. There may be slight congestion of the optic nerve and retina. Because these symptoms are not considered dangerous when due to superficial lesion of the exciting eye, they should not be neglected. For long continued irritation may result, in ulcer of the cornea for example, in inflammation of the uveal tract by contiguity of tissue.

In general the treatment consists in removing the cause, rest the eyes by non-use, and maybe atropine will have to be used, gr. i. to ℥ i. of distilled water, two or three drops in the eyes three or four times a day, after bathing the eyes with hot water; good hygiene, protection to the eyes by a shade or ground-smoked glass, nutritious but not stimulating diet, regular habits; and avoid dust, steam, hot air, and tobacco smoke. Should the foregoing symptoms follow a lesion of the uveal tract of the exciting eye, and the sight hopelessly lost, an enucleation should be done.

Enucleation for sympathetic ophthalmia was first done by Augustus Prichard, of Bristol, England, in 1851.

We should be careful to remove the right eye. Dentists have removed the wrong tooth. And where there are assistants, and both eyes are affected as cited in some of the reported

cases, the helper might put the speculum in the wrong eye, and when too late the error would be apparent, and transplantation of an eye unlike that of a tooth has not been successfully done. Enucleation is not a curative but a preventive measure. By removing the cause (the exciting eye) the effect ceases.

Of the various forms of uveal inflammation, iritis serosa is the least dangerous. Blindness may result from it by the exudation occluding the pupil. By occlusion is meant a plugging of the pupil by the exudate. There is usually communication between the chambers of the eye in occlusion, and the tension is less liable to be increased than in plastic iritis. This form yields to treatment more readily than the plastic form, be it in the exciting or excited eye, and is less liable to call for operative interference. It is recognized by some or all of the following symptoms, viz., photophobia lachrymation, discolored, sluggish, or immobile pupil, clouded aqueous, with a punctate appearance of the cornea, especially at its lower half, due to the flecks of exudation gravitating upon it, blurred vision and pain on use of the eye, with a slight rosy zone around the cornea, and readily increased by manipulation. If the exciting eye is similarly affected and vision reduced in it to perception of light, I would not advise enucleation; but atropine, hot applications, and constitutional treatment.

The serous matter thrown out is readily absorbed, and should adhesions of the iris to the lens be present, atropine will readily break them up in the early stage. In case of plastic iritis the symptoms at first are practically the same, but the pupillary margin, or the whole iris, will soon become glued to the lens and the pupil excluded. Atropine will have but little if any effect, and often aggravates the pain by tension on the iris.

Exclusion of the pupil is where the plastic material binds the iris to the lens. The interchange of fluids between the anterior and posterior chamber is cut off, and secondary glaucoma is usually present. Where the pupillary margin alone is adherent, the fluid from behind pushes the periphery of the iris forward, and the pupillary space presents a funnel shape. Tension is increased, and a broad iridectomy should be done whether sympathetic trouble is threatened or not. Vision may remain good with exclusion.

Where the iris has become adherent to the lens throughout, tension at first is liable to be increased, the whole iris and lens pushed forward, and the anterior chamber will be shallow. Should a fair amount of vision remain, equal to counting fingers at five or six feet, and the good eye sympathize materially, enucleation would be justifiable. Sympathetic plastic iritis is more liable to produce exclusion and the serous form occlusion of the pupil. There may be occlusion without exclusion, and vice versa.

Occlusion of the pupil, although obstructing the vision causing blindness of the eye affected, seldom destroys the eye, and is not so apt to set up sympathetic inflammation as exclusion.

Exclusion may interfere but little with vision, but is apt to destroy the eye and induce sympathetic trouble.

In that form of plastic iritis, where the iris is agglutinated to the lens throughout, the ciliary body is generally involved and there is a true irido-cyclitis, and should the choroid become involved phthisis bulbi is apt to follow, and with this condition unless a patient is intelligent, or has easy access to a surgeon, or both, it is better to advise enucleation, for the danger is too great to the good eye. If symptoms of irritation are present in the other eye enucleate.

When the inflammatory stage subsides in plastic irido-cyclitis maligna—a name applied when the ciliary body is involved, and the whole or a greater part of the iris is glued to the lens—pain frequently continues, due to the shrinking or cicatrization of the ciliary muscle and iris, and consequent pressure on the ciliary nerves.

During the inflammatory stage the ciliary body and iris are swollen by infiltration of plastic lymph, and probably the tissues themselves, and in the process of absorption or healing cicatrization follows as truly as in a burn of the skin or muscles. Phthisis of the globe follows, and the eye should be removed.

A phthisical eyeball is a dangerous neighbor and should be removed on general prin-

ciples, for it is impossible to know when it will induce inflammation of the fellow eye. The same procedure should be resorted to when a foreign body is in the eye and cannot be removed.

The symptoms in irido-cyclitis, in addition to iritic symptoms, are increased pericorneal injection, severe pain in the ciliary region on pressure, and this tenderness is generally circumscribed; turbidity of the aqueous, and often of the vitreous; excessive temporal and supra-orbital pain and marked diminution of vision, and especially when the choroid is involved, will the vitreous be clouded by the inflammatory material thrown out. When the sympathizing eye has reached this stage, blood-letting by cupping or leeching, if the physical condition of the patient warrants it, together with hot applications to the eyes, and atropine is indicated.

Some form of mercury and the iodides I have seen do good in this class of cases. The eyes must be protected, but fresh air and nutritious diet are indispensible. In this form of iritis one factor pain, in a small minority of cases may be absent, and the degenerative changes go on. Even pressure on the ciliary muscle causing but slight pain. The tension is decreased, and the danger to the patient of sympathetic trouble is great because of the lowered vitality; and the lack of pain fails to increase the patient's confidence in the advice of the physician as to the real danger. Pain is a faithful ally to the physician in driving the truth home and in compelling compliance with his advice,

I have seen but one case in which the choroid and retina alone were involved, from traumatism that caused sympathetic retinitis. Nine months' rest and the bin-iodide of mercury—probably the former alone—cured him.

One case of optic nerve atrophy, total blindness in one eye, and a neuro-retinitis with beginning atrophy in the sympathizing eye, vision $\frac{20}{200}$. One month with galvanizm and the mixed treatment increased his vision to $\frac{20}{70}$. He passed from my observation and the final result is not known. There is no tissue of the eye exempt from sympathetic disease.

In order to bring our report within reasonable limits, and for the omissions necessary in the cause, symptoms and treatment of this disease, we will make partial amends by reporting the following cases:

Case 1. Mrs. E., age 34; white, married, American; Douglass, Kansas; third child. Was attacked with purulent conjunctivitis in her right eye the third day after her confinement, in August, 1886. She was treated properly but the eye continued to grow worse, and on the fourteenth day after the attack she was brought to me for treatment. The lids of the eye affected were œdematous, and there was a free purulent discharge from between the lids. There was chemosis and a large ulcer at the upper and outer quadrant of the cornea, with hypopyum filling half of the anterior chamber. The iris was swollen and discolored, and responded but little to the mydriatic. The eye was cleansed and an application of nitrate of silver, gr. xx. ℥ j. of water was applied to as much of the mucous membrane as could be reached; the upper lid could not be everted. The pus was evacuated by paracentesis and the chemosis partially relieved by slitting, in a radiating direction, the swollen conjunctiva freely. Cold compresses were applied, and the eye kept clean by washing with boracic acid solution, ʒ i. to O i. of soft water. The cold applications caused pain and hot applications were substituted, with comfort to the patient, and the eye improved for the first two weeks. The pus discharge almost ceased, chemosis relieved, and the swelling in the lids, and the ulcer looked healthy but the iris gradually contracted, although heat and atropine were used freely, and at the expiration of the fourth week plastic irido-cyclitis was marked, and the vision reduced to perception of light. The other eye had a dense leucoma at the lower and inner quadrant and posterior synechia and the vision lost four years previous, she said, by just such an attack and a few days after confinement. The vision of her lost eye (as she said) had improved as the other one failed. In this class of patients where the vision of one eye is partially lost, and the other one normal, the comparison is so much in favor of the good eye that they ignore the vision of the poor eye, and say it is worthless. But when they are compelled to use it, and

have not the other eye with which to make a comparison, they are surprised at the amount of vision retained. Vision now began to fail in the left eye. There was tenderness of the ciliary body. Pressure and fading of vision. The offending eye was enucleated, and at the expiration of ten days she went to her home, returning in one month for an artificial eye. Her left eye grew stronger, and she is enabled to read coarseprint, No. 4 Jaeger, to read and write for half to an hour at a time without pain. A glass does not benefit her.

(Concluded next Month.)

Clinical Medicine.

A LECTURE.

BY R. E. M'VEY, M. D.,

PROFESSOR OF CLINICAL MEDICINE IN THE KANSAS MEDICAL COLLEGE.

What is meant by clinical medicine? What do we as a clinician desire to do or to teach? The scope or field of work is the application of the whole field of medicine. Clinical medicine is the culmination of the science of medicine. It includes every department—anatomy, physiology, chemistry, therapeutics, theory and practice, and all the specialties.

To teach clinical medicine requires not only a general knowledge of all the various branches of the science, but also a knowledge of all the various diseases to which the system is liable. The word clinic is from the Greek word *klinikos*, pertaining to a bed. It means medical instruction given at the bedside, or with the patient present, whose symptoms are studied and treatment considered. Clinical medicine, as now understood, means a lecture on the diseases of patients in the presence of medical men or medical students.

Perhaps clinical teaching is the oldest form of teaching medicine. The temples of Æsculapius were from an early period the resort of the sick, who submitted themselves to the regulation of the Æsculapiæa, the priest of the temple for treatment. It was common among those who were cured to deposit in the temple a form of tablet on which was inscribed some account of the case, and of the remedies by which the patient was relieved of his disease. To us their tablets afford but little information, but their temples were not only places where the sick resorted for treatment, but were for medical instruction as well.

The temples of Æsculapius were not the only schools where diseases were treated in the presence of students. In the schools of philosophy personal observations were made of the sick in the presence of students, as the treatment of disease was a branch of their general education. As to the extent of their knowledge in the treatment of diseases or their general information upon the subject of medicine, we have no means of forming a correct judgment, but it is quite evident that the schools of philosophy applied the principles of philosophy to the nature of diseases.

How much we owe to the great schools of the past for the present advances made in the science of medicine, the future may reveal. In all their great schools the ancients confined their knowledge in attempts at the solution of diseases. We are indebted to the Greeks for the first idea of protection against acute poisons, by their slow and modified introduction into the system as a future protection. It is at the clinic that you are to become familiar with the sick, and to receive your first objective lessons in the study of disease. Here you are first permitted to examine patients for yourselves. It is here you first come in contact with diseased structures, and obtain that practical experience which is to be worth more to you than speculative theories. It is at the clinic that you will learn to distinguish differences in the general appearances and constitutions of the sick. Here you can study constitutional cachexias, blood diseases, and depraved condition of nutrition.

At the clinic you will have the privilege of studying each case as it comes before you by percussion, palpation, auscultation, and occular inspection.

You will be permitted to ask such questions as will enable you to comprehend both mental and physical states of the sick. Many of the diseases with which you will meet will present local disturbances, which can be recognized and located by the sense of touch, palpation, percussion and auscultation.

Some diseases at first have only subjective symptoms. A patient may have muscæ volitantes. You cannot see the floating moats in the eye of your patient; the symptom is a subjective one, and may mean an approaching apoplexy, a disturbance in the stomach, or it may not mean anything serious except a condition of broken-down health or advancing age. Again pain is a subjective symptom which can only be felt, described and located by the patient, and yet there may be objective points of disturbance in the tissues which can be discovered by the aid of the patient if the pain is the result of pathological changes.

It is at the clinic that you can study the nature of diseases. Many diseases are insidious in their origin, they enter the system unsuspected. While you are here a large variety of diseases will come before you for study. You will have the privilege of studying the relations which one disease has to another disease, and their correlations.

The tissues of the body are like the leaves in a book, each leaf is to be not only read, but to be studied anatomically, physiologically, chemically and pathologically with the diseases peculiar to each tissue. Each structure may be regarded as differing from all other structures in specialization and derangement of functions. Here you not only study the nature of diseases but you have to study the properties of medicines, the relations of medicines to the various diseases which will come before you for treatment. Every medicine prescribed ought to have some relation to the disease which it is intended to cure. These relations will be pointed out to you in each particular case.

Few diseases pursue a typical course; they vary in general symptoms, they vary in intensity, and are modified by physiological and pathological conditions. They vary in duration, and the treatment must be varied to suit each particular case. In the schools of the Asclepiadæ the patients were required to write out a history of their diseases and the remedies which in their judgment produced the cure, for the benefit of others who might be affected in the same way.

With the ancients clinical medicine was wholly empirical, because a medicine cured one patient of a disease, it was evidence to the Greek philosopher that it would cure a similar disease in some one else.

As you go through the curriculum of your studies as laid down for you by the faculty, it might be well for you to make such tablets for future reference; not that you will not be able to make prescriptions for yourselves, but it has been a custom which has been used all down the ages.

In the treatment of diseases we have vital phenomena to deal with. The tissues of the body are invested with vitality which is characteristic of all their functions. The action of the heart is mechanical, and yet it is peculiar and mysterious in its nature, and not similar to anything outside the living body. Some chemical actions in the body are similar to those outside of the body, but most of them are entirely peculiar and will not take place outside of the body. This is because the conditions necessary for their accomplishment exists in the body, and does not exist anywhere else.

It is one of the necessary conditions of animal existence, that it should absorb various substances from without which undergo chemical alterations in the interior of the body. The stomach is a chemical laboratory where food is transformed into its original elements protasms; there is no laboratory outside of the body like the stomach.

The electric currents found in the brain, and nervous and muscular systems, are entirely different from any form of electricity found outside of the animal body.

Each tissue found in the human organs has a guiding intelligence of its own, and when approached by disease makes an effort at self-protection. The nature of diseases, and the principles which govern their behavior in the human body have required the experiences of centuries to unfold.

These clinics will be held each week according to the program, and the time will be occupied, and I hope profitably spent, in the study and treatment of such diseases as may come before you. In mathematics and philosophy you have two terms to find the third term. In the treatment of diseases you will have the affected tissues as the first term, and

the disease accompanied by its symptoms as the second term, to help you find the third term, the therapeutical agent. Medicine has reached that systemization and accuracy in diagnosis and treatment of diseases which we call scientific.

Laxatives and Cathartics, and their Application.

Read before the Golden Belt District Medical Society, Salina, January 8, 1891.

BY DR. J. F. BREWER, MINNEAPOLIS, KAN.

Mr. Chairman and Gentlemen of the Golden Belt Medical Society:

In choosing cathartics and laxatives as a subject to write about, I am well aware that I am treading an oft traveled road, but it seems to be a road that has no end. I well know the magnitude of the subject in medicine and the difficulty in mastering it.

Such *common every day* subjects as how to give a physic, it is generally conceded, is well enough understood by any old woman, and the direction, "Give a physic," is often prescribed by our most intelligent (?) physicians.

Now, who or what is to blame if the desired result is not obtained. The patient blames the doctor, and the doctor's soliloquy is that medicine is a farce anyway.

Brown-Sequard's elixir of life, or Koch's consumption cure, excites much more comment by the public and by the profession than the discovery of Epsom salts or Cascara Sagrada. Yet it remains to be demonstrated that more good will be done by the former than by the latter remedies.

It is also a fact that many physicians spend much time and energy in so-called investigation of new remedies, that might well be spent in acquiring a thorough and intimate knowledge of remedies, whose action is well understood and recorded by the profession.

It is a rather tedious matter to sit down and master the special indications for individual drugs, when the whole class under the heading of cathartics, diurectics, etc., may be swallowed down at a gulp.

I do not mean to discourage free and extensive investigation into the action of *new* drugs and remedies, but merely to insist that it do not take precedence of or above old and tried remedies, whose action is well established.

Cathartics, says H. C. Wood, are remedies which produce catharsis by increasing intestinal secretion, or stimulating peristalsis.

Now, of the long list of drugs under this head I wish to state this fact, of which you are all aware, gentlemen, that each remedy, singly or in combination, best answers certain indications; and, as either cathartic or laxative remedies are indicated in the majority of cases the physician is called on to treat, it follows that a thorough and intimate acquaintance with the remedies of this class is essential to success. The C. C. Pill of the U. S. P. is indeed an admirable cathartic, but it does not answer *all* indications; or a ten-grain dose of calomel at night, followed by a brisk saline in the morning, may rouse the secretions and deplete the system generally, its severity at the same time counteract the good that would be expected from the treatment.

Of all the medication a physician is called upon to prescribe, I believe that here a careful and intelligent selection is best compensated. Yet in visiting medical colleges I often hear the advice given to the student, "Prescribe a cathartic." And in attending medical associations I rarely hear this "very common" subject suggested, except it be in connection with obstruction of the bowels, then this subject rises to the dignity of a passing notice.

The physician who prescribes these remedies intelligently meets with many difficulties.

He is rarely called to treat a case that he is not informed that "Johnny has taken Three Little Giants," or "Four McClean's Liver Pills," etc.

Now what is to be done? If he prescribes independent of what has *been* done he may produce hypercatharsis. and to such an extent as to materially injure the patient. If he takes for granted that the dose given is sufficient and prescribes quinine or other drugs, that require free secretion to insure their absorption, he runs the risk of placing in the intestinal canal a substance highly irritating to the ner-

vous system, and perhaps doing more hurt than good with a remedy which, given correctly, will almost surely remove the condition it is intended to relieve.

The question is a debatable one, but there is a question in connection with this thought that is *not* debatable, and that is, should physicians encourage parents to purge their children every time they feel a slight indisposition. It is well known that this is the popular notion of the mode of eliminating morbid material from the system, and a notion that is shared by many prominent writers of the profession. The benefit derived is probably from depletion, and removal of the products of retrograde metamorphosis, and the notion based on false pathology.

Not long since I was called to a case where elimination was undertaken in this way. Child eleven years of age had been constipated for several days. The mother had given castor oil; a neighbor thought salts the best, consequently a teaspoonful was fired down the youngster. No passage. A physician was consulted, who sent a dose of, probably calomel, from the description of it.

I found the child in considerable pain, but not intense, as a wise neighbor had given ten drops of laudanum. Explored the rectum, found it empty, but from the vomiting I felt sure I had an obstruction to deal with. After a careful survey I located the tumor over the splenic end of transverse colon.

I placed the child on its knees and shoulders; introduced my rectal tube, and fitting a rubber tube two and a-half feet long to this adjusted a funnel, elevated it two feet, and poured in four pints of warm water, repeated in six hours, using $\frac{1}{12}$ grain morphia sulph. hypodermically in the interval. Now this, I believe, is the method laid down in all standard works on therapeutics of injecting large quantities of water; but because it saves a little time and trouble, a syringe is brought to bear and an effort made to fill the intestine by squirting water into the rectum. Labor-saving machinery is all right if it does the work, but when it fails to do a good job it should be condemned. Of course if the object is merely to empty the bowel, the syringe probably best answers this indication, and the ordinary opening enema is generally the best mixture to use.

The subject of laxatives is much more complex as the remote effect is to be considered, rather than the immediate.

Foods must here be considered of primary importance, and those articles selected which are laxative by virtue of the bulk of unabsorbed material left in the intestine. Acid fruits are a good adjunct to the diet. The diet itself need hardly be mentioned, but I may here mention that oatmeal as a base, with prunes for dessert, has answered good purposes in my hands when the stomach tolerates this regimen. Bran and graham bread, cracked wheat and corn mush, may be mentioned as valuable in this connection.

A copious draught of cold water on rising in the morning has proved of value in my hands, especially when constipation is due to sedentary habits. The cause of constipation must be carefully looked into and if possible removed. In the treatment of constipation the following directions have helped me:

1. An effort to de'ecate at a fixed hour every day whether the desire exists or not. This is well, accompanied by an injection of a pint of cold water.

2. Avoid all medicines when it is possible, and as long as possible.

3. Discontinue the medicine as soon as its effect is produced, and never continue for a great length of time.

As to laxative medicines, all I wish to say is that too *much* is given. When a patient applies for treatment for constipation he gets it. Belladonna, strychnia, aloes, cascara sagrada, &c., are administered by the profession without any seeming compensation.

This one word, constipation, covers up all conditions of defective action of the bowels, and while the physician gives days or weeks to discover a cause of womb disease, he has not five minutes to investigate the cause of constipation, whether it be defective secretion, lack of peristalsis, or the presence of a huge gall stone.

In conclusion, I wish to reiterate "that there are conditions to be looked into here, as in all other fields of medicine. It would be well for the profession to quit the skies and rush into their sphere.

Purpura Hæmorrhagica.

Read before the Eastern Kansas District Medical Society at Topeka, January 13, 1891.

BY F. S. SCHENCK, M. D., HARVEYVILLE, KAN.

REPORT OF A CASE.

Purpura was first described by Werlhof about the beginning of the eighteenth century; it, however, did not receive much attention for nearly a century more.

Of late years, our knowledge of the disease has been greatly increased by numerous reports of cases.

The usual division given by authors is purpura hæmorrhagica and purpura simplex; a number of other divisions have been made by various authors corresponding to their notions of its pathology, ætiology, &c.

The division into purpura simplex and purpura hæmorrhagica seems to be one rather of degree than of any actual difference.

When the hæmorrhage affects only the tegumentary system it is termed purpura simplex, and when in addition it affects the mucous and serous surfaces it is termed purpura hæmorrhagica.

The ætiology of this disease is about as obscure as that of many others; it is frequently seen in persons debilitated from other diseases, yet the robust are not exempt from it. Cold and damp residences, especially basements, have been assigned as a cause. Age seems to be a predisposing cause; in a total of one hundred and ninety cases given by Van Harlingen, one hundred occurred under the age of twenty, while only ninety for all subsequent ages, and fifty-one before the age of ten. Rheumatism is also charged as being a cause. Sex and heredity do not play any part in its ætiology as in hæmophyllia.

The pathology of the disease is well nigh as obscure as the ætiology. The immediate cause of the extravasation is either in the blood or the vessels, or both. There is an increase in the number of the white and a diminution in the number of red corpuscles, but this would not account for the extravasation, as we have this condition in anæmia and a number of other diseases without the extravasation. Recently it has been claimed that purpura depends upon the presence of a minute organism in the blood. Bacilli and micrococci both have been described as existing in the blood, but as in many other diseases they fail to prove that they are the true cause of the disease.

The vessels themselves doubtless play an important part in the disease; some show a fatty or amyloid degeneration of the capillary vessels, endarteritis in a few, and capillary congestion in many. We think it probable that there is also capillary relaxation, for the reason already given that the changes in the blood would not account for its escape, and from the fact that ergot and belladonna, which we know act on the terminal blood-vessels, exercised in our case a greater influence than any other remedies.

In a few cases of spinal injury purpura has developed thus, indicating a vaso-motor origin.

The premonitory symptoms, in many cases are entirely wanting, in others there is only slight malaise, the extravasation often being the first thing observed.

In purpura hæmorrhagica we generally have headache, pain in the back and limbs, sometimes fever and at other times none.

The extravasation usually shows itself first on the lower limbs, then the body, and finally the upper extremities, thus being in strong contrast with the exanthemata.

The spots are of variable size, from a pinhead to the size of a split pea, or even larger. They are usually circular in outline, but may be linear; they are discreet, and without any subjective symptoms.

At first the spots are livid red, then purple, blue, green, yellow, and finally fade away entirely in the course of one to three weeks.

In a protracted case, all these various shades may be seen at the same time, due to the fact that fresh crops are appearing while the older ones are being transformed.

We have also in purpura hæmorrhagica hæmorrhage taking place into and upon the mucous and serous membranes. That upon the surface of the mucous membrane is indicated by epistaxsis, hæmatemesis, tarry stools and hæmaturia.

The ecchymoses indicate the hæmorrhage

into the mucous membrane, and may be observed by inspecting the mucous outlets.

In the way of treatment a great number of remedies have been used. The indications are first, all that pertains to diet and hygiene; second, such remedies as will prevent the occurrence of further hemorrhage, such as ergot, belladonna, dilute sulphuric acid and turpentine, may be mentioned as the principal; third, such as will restore the blood to its normal, principal among which may be mentioned the various preparations of iron, arsenic, phosphorus, cod liver oil, and the vegetable tonics. Where the cause as rheumatism, malaria, &c., can be determined, appropriate remedies for the condition must be used.

Case 1. Lizzie M., age 6½ years; father English, mother American; family history good as far as could be ascertained. Lizzie's previous health had been good, well nourished and rather fleshy. Upon examination I found a great number of dermal and subdermal hæmorrhages scattered over a greater portion of the body. At this time, none could be found located on the surface of the mucous membrane, of the mouth or throat; they ranged in size from a split pea to a dime; in color rather a bright red; bowels normal, appetite rather poor, no fever but a general malaise. Two days later I found the condition considerably changed; the hæmorrhagic plagues had (considerably changed) faded considerably, assuming a more dull hue at intervals of from two to three weeks until September 12, 1889, when she was attacked with malignant diphtheria, from which she died after an illness of one week.

The greatest peculiarity in our case was the length of time the attack lasted, namely twenty-six months, all authorities to which we had access, claiming that attacks do not last beyond three or four months. The severity of the symptoms had become much more mild; nutrition was well maintained all the time until attacked by diphtheria; at times a little œdema showed itself in various parts of the body, showing the fluid portions were being readily absorbed, but the hæmoglobin was slowly absorbed. Fever was now present in a mild degree, about 101° F.; vomiting and frequent dejecta, which contained blood; mucous epithelial debris; in fact typical dysenteric stools. Prior to each stool there was severe griping pain in the region of the umbilicus. I now administered a dose of calomel, which had the effect of expelling a large round worm, following this with bismuth and creta a few days, when the enteric condition was much improved; the cutaneous hæmorrhage pretty considerably faded, and improvement progressing nicely for about two weeks, when a second hæmorrhage occurred, and other symptoms followed like in the first attack. These attacks followed each other.

Pathology of Diphtheria.

Read before the Topeka Academy of Medicine and Surgery, January 6, 1891.

DR. G. O. MORGRIDGE, TOPEKA, KAS.

OCULIST FOR A. T. & S. F. RAILWAY EMPLOYES' ASSOCIATION.

Diphtheria is one of the oldest epidemic diseases of which we have any knowledge. Compilers of medical literature agree that Hippocrates was acquainted with the affection, and Aretaeus describes the disease under the name "Malum Egypticum," and says "it is a disease greatly to be feared." In his description of the affection he says:—"When the ulcers are formed on the tonsils and are clean and small and superficial, without inflammation, they are benign; while on the other hand those which are extensive, deep, putrid and covered with a white livid or blackish clot usually prove to be malignant." He further says, "in fatal cases the fetor which comes from the mouth of those affected with the disease is so loathsome that the patients themselves cannot endure it."

In 1821, Bretonueau of France, made the first careful investigation into the true nature of the affection. This writer claimed that simple inflammation with redness did not constitute the disease, and that without exudation there is never diphtheria. He however, did not recognize the pathological difference that renders membranous croup and croupous stomatitis entirely different affections, and

classed them all together. He wrote, "they are one and the same disease, the one being only a higher form of the other." Herein lies the difficulty in determining the mortality attending diphtheria epidemics. We believe it to be much greater than is generally admitted by many members of the profession. Acurate data cannot be obtained upon which to base an estimate on account of many physicians committing the same error as did Bretteneau in 1821. They class all cases of croupous stomatitis and pharyngitis in the same category and call them all diphtheria. By far the greater number of these pseudo affections terminate in resolution. The new formation is not sub-mucous, but is found on the free surface of the mucous membrane affected, while in diphtheria the lesion is an infiltration beneath the mucous membrane. I am aware that Oertal in his treatise on what he terms catarrhal diphtheria, says: "the false membranes which have been gradually loosening their connection with the mucous membranes finally become completely detached, leaving behind them a smooth and wholly intact mucous membrane which at most may be somewhat hyperemic in spots but never eroded." This proposition accepted we have left no anatomical or pathological differences upon which to base a differential diagnosis between the purely pseudo-membranous affections of the pharynx and larynx and diphtheria. The former affections tend intrinsically to sthenia and recovery, while the latter tends, from the beginning, to asthenia and death. Herein lies the secret of success attributed to many methods of treatment. Many physicians report having treated hundreds of cases and no mortality. I remember hearing an enthusiast say in the Iowa State Medical Society, that he had lost all fear of the "so-called dreaded malady"—that armed with a little carbolic acid and glycerine he felt capable of conducting to a successful termination any case of diphtheria. That during the previous year he had treated some two hundred cases of diphtheria without a death.

We do not hesitate in saying that these cases were not diphtheria, but only a pseudo-membranous pharyngitis. Exudation upon a mucous surface does not constitute diphtheria. The first visible departure from health is often a clear, gelatinous appearance of the mucous follicles. They are swollen and have a bead like clearness. Infiltration of the subtissues quickly follows. The mucous membrane becomes tense. The superficial blood vessels are emptied. The surface soon assumes an ashy brown and later a blackened hue, necrosis of the infiltrated tissue quickly follows, and the edges of the slough begins to contract and become detached. A line of demarcation is established and the dead tissue is separated from the living. At this stage the fetor is intense. The process is a co-agulative necrosis and results from the introduction into the system of a specific poison, the nature of which is not yet fully understood. We are led by numberless facts to believe it specific, and that it may fix upon a mucous surface and affect the adjacent tissues or that it may enter the circulation and manifest its presence by its effect upon the various organs of the body. It first destroys the integrity of the protoplasmic tubules; the capillaries. The formative elements of the blood at once begin to escape from their natural channels and an infiltration of the affected tissues results. This process goes on until the escaped materials fill up the interspaces, the capillaries are compressed and nutrition is completely cut off. The specific and destructive nature of the poison is quickly manifest in the destruction of the migrated white cells; fibrin is formed and the entire exuded albuminous mass coagulates. The cellular elements of the infiltrated tissues being deprived of nutrition quickly necrose; and we have a mass of material in which all vital processes are at an end and in which molecular disintegration is quickly established, Septicemia supervenes and death too often closes the scene.

DISCUSSION.

Dr. Schenck opened the discussion of the paper by saying that he agreed with its author that diphtheria and croup were distinctive diseases. Those who think otherwise make the exudation their ground of diagnosis. In both diseases, under the microscope, the exudation is seen to be a firmly fibrinated homogeneous mass, composed of lymph or fibrine, mucous, leucocytes and epithelial cells, the

lymph being most abundant where the inflammation is most intense. But the identity of the product is not proof of indentity of disease. We may reach the same results by different means. Ascites is a product of both hepatitis and peritonitis.

Croup is a local expression of a local disease —an acute catarrhal action of the larynx, sometimes involving pharynx and trachea. In its milder stage or forms the irritation and inflammation involves only the more superficial structures. There is hyperæmia of the mucous membrane with excessive secretion of mucous and proliferation of epithelial cells, there are some emigrant corpuscles and excess of fluids from the engorged vessels. When the subepithelial tissues are involved and infiltrated, patches of it may be thrown off leaving irregular superficial ulcers. This is the diphtheria that furnishes some doctors with wonderful results.

When the inflammatory process reaches still deeper and involves the near lying and abundant lymphatic structures, there is an excessive production of lymph, more than can be carried through the lymphatic ducts into the circulation, and it is pressed into the surrounding tissues and to the surface, where coming into contact with the oxygen of the atmosphere it coagulates and forms the true croupous membrane, which deposited upon the unyielding walls of the larynx more and more nearly closes the narow *rima glotidis* and the patient dies from apnoea andasphyxia, from obstruction of the air passages rather than from the direct action of the disease.

Diphtheria is a zymotic disease affecting the whole system, usually accompanied with the local expression of diphtheritic exudation about the throat as well as elsewhere, the exudation in the throat being most common on the pharynx and tonsils. The septic poison that produces the disease, as Dr. Morgridge has stated, has not been demonstrated, but in addition to the diphtheritic exudation produces a general malaise and prostration unknown to croup. It may be so intense that death ensues without the local expression. In both diseases the rationale of the membrane is much the same. In croup the local inflammation causes excitation of the near-lying lymphatics and excessive formation of lymph—more than can be carried into the circulation and there is exudation, coagulation, false membrane. In diphtheria its specific poison excites the lymphatic structures, excess of lymph is excreted and from those lying-near the upper air passage it is exuded and a false membrane is formed.

We ca l this membrane fibrinous, but it is not the fibrinous factors from the blood. They are not exuded and are not diminished in the circulation but increased by the excitation of the lymphatics. The lymph that is exuded is the excess that cannot be carried into the phlogosed blood vessels. Fibrine is coagulated in the blood vessels; perhaps because it finds oxygen there, lymph will not coagulate in the lymph glands and vessels, or when exuded into the surrounding tissues, until brought into contact with oxygen. The exudate, more especially that of diphtheria is of very low vitality, and the layer next to the body, kept warm through its heat, soon undergoes necrosis and the membrane is separated, or if the inflammatory process continues active it is loosened by the continuous exudation, only to be reformed when the new exudate is exposed to the air. All this, of course, if the patient lives long enough.

In the discussion Dr. D. R. Pelton said that he agreed with Dr. Morgridge in his pathology of diphtheria, and further that it was caused by a diseased germ of whatever name, entering into the system, and that it acted locally upon the corpuscles of the blood, producing a degeneration of cellular substance,the red losing their power of absorbing and transporting oxygen, while the white corpuscles degenerate and accumulate in the submucous tissue of the inflamed part; their neuclei divided like unto pus cell, the capillaries also degenerate, a coagulum is formed, fibrine is deposited beneath the mucous epithelium and the tissues become necrosed, as the doctor has so ably described.

There is also degeneration of the ganglionic cells of the spinal cord, and the neuclei at the base of the brain producing in the first instance paralysis of the limb, in the other a loss of function of the motor oculi muscle, also a dimness of vision by injury in the optic

tract. The palate muscles are also paralyzed, making deglutition in many cases quite impossible. And again the trophic nerve cells become affected, causing a degeneration of the fiber in both the voluntary and involuntary muscles, often eventuating in fatty degeneration. The cardiac nucleus as well as the cardiac ganglia, frequently participate in the havoc, for the heart suddenly ceases to beat, paralyzed by the inroads of disease. I have seen this result, often the throat had become clean and clear of any appearances of diphtheria. It was the result of degeneration of nerve cells, and gentlemen in the experience which I have had with this disease for over fifteen years I am led to believe that there is not a tissue in the whole body but what may be or is affected by the presence of the diphtheritic poison in its virulent form.

In reply to the various statements made in the discussion Dr. Morgridge said: The question of lymph coagulation introduced by Dr. Schenck and so ably answered by Dr. Greene, does not require extended reply as it is foreign to the subject matter of the paper. I do not accept as fact the statement that "the exudation in croup and diphtheria are the same." It is not an exudation in croup that fills the larynx but a membrane, the result of cell proliferation; a neoplasm. Its formation is a vital process. Not so in diphtheria. The new formation is a coagulated mass consisting of formed fibrin and the albuminous portions of the blood.

The material of which this mass consists exuded from the diseased and disintegrating capillaries of the part. After its escape fibrin is found and the entire mass coagulates. This is not a vital process; no cell proliferation, but only dead material—material that is not capable of entering into any vital or formative process. To the question, "How does the necrosed tissue separate;" I reply, as separates any other gangrene tissue. If the amount is small it may liquify and be absorbed; if large a line of demarcation is established and the process carried on in the adjacent living tissues, as in other cases. So far as my knowledge extends diphtheria may in the beginning be either local or constitutional.

THE MEDICAL INSTRUCTION OF TO-MORROW.—The under-graduate colleges of America will, within ten years, abandon all their so-called didactic—or, as Professor Darling used to delight to call them, scholastic—lectures, and give only clinics, demonstrations, and laboratory work. This much they will eventually learn from the success of German methods of medical instruction, which are to be found in perfection in the post-graduate schools. Why a man should sit for three or four hours a day, in a badly ventilated room, to hear excellent medical and surgical essays, which he could much better learn from a text-book, or from the grinding of a quizmaster, is beyond enlightened comprehension. It is only the force of custom of a hundred years that continues this. Medicine and surgery can only be taught from the patient, the cadaver, and the laboratory. Long discourses, unillustrated by one of these, are a great waste of time and patience. If the *organization* of under-graduate schools cannot get beyond this, they had better not take up Professor Morrow's idea of seizing the post graduate schools.—*The Post-Graduate.*

PROCTITIS, piles and fissures of the anus, presenting symptoms, such as pains, tenacious discharge of mucus, and that most embarrassing of all symptoms, itching, which is never absent when the person is in company with an individual of the opposite sex, or when the victim is engaged in cogitating about a place of future happiness, are promptly relieved by the injection of the following mixtures:

℞ Listerine.
Tr. opii aa℥i.
—*Toledo Med. Comp.*

BEEF TEA AS A NUTRIENT.—Thousands of sick people have been starved to death on this diet, and I want to enter my protest before it is everlastingly to late. What you want is the albumen and fibrin of the meat. The moment you coagulate these ingredients by heat you render them practically indigestible. Good milk is always preferable, but if you give beef tea don't boil it.—*Journal of Am. Med. Assn.*

Clinical Observation on Two Cases of Glycosuria.

ONE TRUE AND ONE SIMULATED.

BY WILLIAM B. DEWEES, M. D., SALINA, KAS.

Case 1. True glycosuria—Mrs.——, aged 52 years, passed the menopause at 46 years of age. Consulted me for marked emaciation which had manifested itself for several years, complicated with attacks of melancholia. No positive delusions or hallucinations seemed to exist. Her memory had been fairly well retained. Her manner was demented and hypochondriacal, but only at times which appeared to be more frequent during the days corresponding with her regular period of former menstruation. The emaciation and rather large quantities of urine passed, caused me to examine the urine. On several succeeding days, an afternoon specimen of urine had the s. g. 1040, 1045 and 1038, respectively, and contained about 5 per cent. of sugar, but otherwise normal. After the third day, a morning specimen had s. g. 1020, and not a trace of sugar. For a number of days afterwards, morning and evening specimens were examined, which ranged from s. g. 1024 to 1012 and no sugar. One month later five different specimens were found of normal s. g. and reaction. Two years having passed since and she continues in comparative good health with no symptoms of diabetes since. The patient had neither medication nor diet to account for the sudden disappearance of sugar from her urine.

Cases of mild diabetes are not rare where an occasional sample of urine is found devoid of sugar; but a fall in the s. g. from 1040 and 1045 to 1020 and from about 5 per cent. of sugar to none in 24 to 48 hours, is certainly not common. We may perhaps with much propriety look on the case as one where some peripheral sensory impression or some transient central attraction produced the disturbance of the chylo-poietic circulation which interfered in proper glycogenesis. This view is rendered more probable, since Pavy, Cyon, Aladoff, Schiff Eckhard, Tyson and others, have shown that irritation or distruction of many parts of the peripheral nervous system will, in a reflex way, produce glycosuria; while Bernard demonstrated long ago on animals, that puncturing or irritating the floor of the fourth ventricle of the brain, caused sugar to appear in the urine. Again even among diabetes, a profound mental or bodily shock almost invariably causes an increased excretion of urine.

Case 2. Simulated glycosuria—In November an old patient of mine brought several specimens of urine to my office, requesting me to examine the same. They were passed by a niece of his who had been treated by a number of physicians of various schools for some months for some hysteria affection. A night specimen of November 20, was pale, cloudy and contained some urinc acid and a strong trace of sugar. Reaction acid and s. g. 1065! The specimen passed the following morning contained only a trace of sugar, and s. g. 1046. A noon specimen of that day was pale, passed like syrup and with only about 3 to 4 per cent. of sugar, had a s. g. of 1088. December 5, a night specimen was clear, pale and gave a faint sugar reaction. It was syrupy, and had s. g. 1102! A morning specimen, while it appeared to contain less sugar, had s. g. 1116! A fraud was strongly suspected. The mother of the patient was asked to *see* personally some urine passed, which was to be presented for my examination. It was some time before this could be accomplished, but finally a night specimen of urine was secured which was passed under observation. This specimen was clear, of a reddish-yellow color, of acid reaction and free from albumen or sugar, and of s. g. 1022.

SOLUTION OF IODOFORM IN OLIVE OIL.—According to experiments made in Professor Binz's laboratory, olive oil will dissolve from two and one-half to three per cent. of iodoform.—*Therapeutische Monatshefts*, Heft 9, 1890.

SALT FOR STINGS.—The pain and swelling following the sting of bees, wasps and gnats may be relieved by rubbing in salt moistened with water. The application should be repeated several times.—*Therapeutische Monatshefte*, Heft 9, 1890.

Removal of the Superior Maxilla.

A Clinical Lecture delivered at Christ's Hospital, Topeka.

BY J. C. M'CLINTOCK, M. D., OF TOPEKA,
PROFESSOR OF SURGERY AND CLINICAL SURGERY IN KANSAS MEDICAL COLLEGE.

Ladies and Gentlemen:

The patient whom I show you to-day presents a tumor of the left superior maxilla, and gives the following history: One year ago she complained of severe pain in the left side of the face, this increased until April of this year, when she noticed the beginning of the present deformity. Gradually the growth, which originated in the antrum of Highmore encroached upon the nasal cavity until, as you can see, (those of you who care to examine the case) that the turbinated bodies, together with the external nasal wall are carried over to the septum, deflecting it to the right, and causing complete obstruction to nasal respiration. You will also notice that the floor of the orbit is raised, crowding the eye-ball up from its normal position, and interfering with the closure of the lids. On opening the mouth you will further see that the hard palate is very much depressed; and you have already noticed the prominence of the cheek, giving the deformity which is usually described as the frog face.

She went to a neighboring city for treatment, remaining there for about five months, but without any benefit from the medical treatment received.

About two weeks ago, she, with her physician, consulted me, and after an examination I unhesitatingly pronounced it a case of sarcoma of the upper jaw, and gave an unfavorable prognosis, thinking that in the advanced stage of the disease, an operation would not offer much hope of a permanent recovery.

She then sought other counsel, who made a diagnosis of simple polypus of the nasal cavity with no disease of the superior maxilla. She returned two days ago to my charge, and as my diagnosis had been questioned, I took her to a specialist, who reversed my diagnosis of sarcoma and decided it to be a simple fibroma of the antrum.

The first incision which I now make will open the antrum, and if the diagnosis of fibroma be correct, we will remove the growth entire and cauterize the bone from which it sprang. But as fibroids make up only five per cent. of these growths; and as sarcoma makes up fully three-fourths of these cases, I have prepared for the complete removal of the bone. Having now opened the antrum, it is plain that we have sarcomatous tissue to deal with; I therefore make an incision through the centre of the upper lip, pass around the alæ nasi up the side of the nose to within half an inch of the inner angle of the eye, from thence outward to the beginning of the zygoma. The vessels are caught as soon as divided, and will be taken up as we proceed in order to save as much blood to the patient as possible, this being usually a very bloody operation, unless we keep, as we should, well out of the sarcomatous and into the sound tissues. The flap is rapidly reflected. The malar process is first cut with the saw, then with bone-cutting forceps—one jaw of which is passed into the spheno-maxillary fissure after the periosteum from the orbital plate has been raised. The bone is next divided at the inner angle of the orbit, and then the cutting forceps divide the alveolar process in front in the median line, the soft tissues of the palate divided by the knife, the hard palate with the forceps. The bone is then separated from the pterygoid process of the sphenoid and the bone rocked out of position, its remaining attachments severed—and here we have our first severe hemorrhage, but which I control instantly by pressure of the finger on the cut end of the internal maxillary artery until a pair of forceps is applied. The artery is, however, found surrounded by sarcomatous tissue, which is now removed until we find we are well in sound tissue. Here it is found impossible to secure the vessel by ligature or torsion, but the cautery iron, at a dull red heat, instantly and effectually controls the bleeding. One or two other points also require the application of the cautery. A search is now made and other portions of diseased bone removed, until we come to the body of the sphenoid, which is found so badly infiltrated with the disease that we must abandon

all hope of the complete removal of the disease.

The wound will be now closed with interrupted sutures; two hair-lip pins are inserted in the lip, and we will expect the patient to make a recovery from the operation, only to die at a later period from the extension of the disease, probably to the meninges of the brain.

The cavity will be washed out with boracic acid solution regularly by Dr. Buckmaster, the house surgeon of the hospital.

As you see only about four ounces of blood has been lost during the operation, and the patient shows no sign of shock.

Later.—The patient made a rapid recovery from the operation. The sutures were removed the fourth day, with a result of perfect union all along the line of incision by first intention. There has been no chill, fever, or other constitutional disturbance. The patient was discharged at the end of four weeks apparently well.

RESULTS OF THE TREATMENT OF HIP-JOINT DISEASE BY THOMAS' SPLINT.—Ridlon (*New York Medical Journal*, vol. lii., No. 14) communicates the results of his observations upon 62 cases of hip disease treated by Thomas; these cases were seen during a twelve-days' stay at Liverpool, and represent rather a picture of Thomas' daily work than of the final results of treatment. Of the observed cases the average duration of limp before treatment was commenced was a little over ten months. Contrary to what is generally believed, it was found that the long splint—that is, the one extending from the lower angle of the scapula to the lower third of the leg—had not always been put on at the beginning of treatment, but that the short splint which does not lock the knee had been used instead. In some cases the short splint had been replaced later by a long splint, but in others its use had been continued throughout the entire course of treatment. Nearly all the patients were found walking around without the high shoe and crutches, and it was common to allow patients to walk before deformity had been overcome, and while muscular spasm and deformity, and sometimes pain, still persisted. Of the 58 patients who had been under treatment for a longer or shorter time 23 had at some period of their course, some before, but many after treatment had been commenced, suffered from abscesses. Of these, one had disappeared without opening, and another was undergoing rapid absorption. There were 27 cases which were either cured or were so well advanced in convalescence that it was not thought dangerous to test mobility thoroughly. Of these, 12 had no motion, 10 had slight motion, 2 had motion of 90 degrees, and 3 had normal motion. It is, of course, impossible to formulate conclusions after a short observation of comparatively few cases, but Ridlon states as his general impression that very many of the patients who have had the short splint applied before muscular spasm and pain had subsided and before deformity was reduced, and who have been allowed to walk without a high shoe and crutches, present a moderate degree of adduction, absence of motion, and in a few cases slight flexion. On the other hand, patients who have worn the long splint until cured, who have remained in the horizontal position until all pain and muscular spasm subsided, who have then used the high shoe and crutches, and who have been carefully watched and nursed, have been cured without flexion and without deformity other than that due to bone erosion and arrested growth. Moreover, in these cases motion has been free, and, in some instances, even normal. Finally, those patients who have had no traction are found to be singularly free from the conditions which it is commonly believed are to be relieved only by long-continued traction.

REPEATED TUBAL GESTATION; OPERATION; RECOVERY.—Herman reports the case of a patient from whom he had removed the right tube for ruptured tubal gestation, who came under his observation with a similar condition upon the left side of the uterus. When exposed, the tube was seen as a purplish-red ovoidal swelling at the side of the uterus, its long axis parallel with that of the uterus, and connected with it by soft adhesions. It was removed without subsequent drainage. The patient's recovery was complicated by nausea and vomiting, which took place after her first operation. She made a perfect recovery in a month after operation.

SOCIETY PROCEEDINGS.

Topeka Academy of Medicine and Surgery.

On Tuesday evening January 6, 1891, the above Society met in regular monthly session, at Lincoln Post hall.

Present—Dr. T. W. Peers, president, and the following members and visitors: Drs. McClintock, Williamson, Miner, Righter, Bradley, Morgridge, W. E. McVey, Ward, Limmer, Donaldson, Mitchell, Schenck, Fagaines, Stewart, Magee, Plummer, Tefft, Pelton, Green, Munn, Minney, Longshore, Lindsay, Sheldon, and Mr. Battey, medical student.

Drs. W. L. Schenck, Dartmouth, 1848, and H. M. Fagaines, Wooster, 1880 were elected members of the Academy.

Dr. G. L. Limmer, Kansas City Medical, 1888, made application for membership.

Dr. J. E. Minney presented for examination a man injured on the side of the head several years ago; many pieces of bone had been removed from the skull leaving a depression near the temporo-parietal suture, about one and a-half inches in front of the ear. When the man laughed or blew his nose the tissues over this depression became distended, giving one the impression that it was distended with air. This opinion was given by some of those present, while others thought it caused by muscular action. All were of the opinion that from whatever cause it was very peculiar.

Dr. T. W. Peers, in accordance with a precedent established last year, delivered an address giving the early history of the Academy, and predicted its future success.

Dr. G. O. Morgridge followed with a brief resume of the "Pathological Conditions in Diphtheria," (vide) which was freely discussed. (See this number of the JOURNAL for paper and discussion.)

Dr. S. G. Stewart, as a representative of a committee appointed by a number of physicians who met at his office some time ago to organize a pathological society, stated the desires of those physicians, and the objects of the organization, and asked that the academy consider the matter of the pathological society being a section of the Academy.

After a full discussion of the matter, the Academy voted by almost a tie vote that such a society should not be a section of the Academy. The opinion of the Academy however was unanimous that such a society was desirable, and that it should receive hearty support.

A committee of three, consisting of the president, vice-president and secretary, was appointed to make arrangements for the entertainment of the Eastern District Medical Society, which meets in this city Tuesday evening, January 13, 1891.

Papers for the next meeting: "Tonsillitis," by Dr. L. H. Munn; "Diagnosis and Symptoms of Scarlet Fever," by Dr. W. H. Righter.

Adjourned to meet February 3, 1891.

D. F. RODGERS, M. D.,
Secretary.

Golden Belt District Medical Society.

The Golden Belt District Medical Society met in Salina Board of Trade Rooms January 8, 1890. Called to order by the Secretary, Dr. F. B. Browne, at 3 p. m. Dr. J. N. Ketchersid was chosen President, pro tem.

Members present—Drs. Wm. B. Dewees, W. S. Harvey, J. W. Winterbotham, F. B. Browne, J. F. Hodge of Salina, P. Daugherty of Junction City, J. W. Felty of Abilene, J. N. Ketchersid and A. L. Blesh of Hope, A. H. Fabrique of Wichita, G. A. Wall and R. S. Magee of Topeka.

Verbal reports of cases were called for.

Dr. W. S. Harvey reported a case of an infant in which there was deficient ossific deposit in the cranial bones and extremities. He cautioned the parents about handling the child; child was born October 15, 1889.

Called October 18th, and found fracture of the left humerus at surgical neck; used figure of eight bandage.

November 6 was again called; found right arm fractured about the middle; applied bandage and proper dressings.

November 26, just twenty days afterwards, called again; found left tibia and fibula broken, with anterior curvature.

June 13, 1890, called again; found right leg broken between middle and upper third.

June 30. Right arm broken again lower down, near condyles.

August 30. Right leg broken at site of old fracture.

December 31. Left arm broken just below site of old fracture.

Once or twice the fracture occurred by some one falling on the child. Another time the child was grasped quickly and jerked about, resulting in fracture. Distinct crepitus was felt each time at site of fracture; no unusual thickening occurred at site of union. Child now looks well and strong. Part of the time child was given Churchill's hypophosphites.

Dr. Fabrique said that fractures about the shoulder were extremely hard to adjust. So much regalia had to be used to maintain it in position, particularly in the child, as they shift about so much. Recommended the Bavarian splint for children in preference to the figure of eight, as was used. Fracture of the extremities were likely to occur in delivery, particularly in cases of shoulder presentation, and not requiring much force either.

Dr. Ketchersid reported a case of fracture of both femurs in a child in delivery—bones so short and small could not apply bandage. Placed child in position as in utero, binding limbs firmly, fractures uniting in good shape.

Dr. A. L. Blesh reported success of the use of brandy hypodermically in heart failure, during anæsthesia in a laparatomy for exsection of the tubes—its effect is soon noticeable—must be oft repeated.

Dr. Wm. B. Dewees reported a case: Was called to see a woman very sick. The day before had eaten a very heavy dinner; began complaining in the evening of pain over left epigastrium; headache; flushed countenance; vomiting; breathing sonorous; went off in stupor and to sleep, as they thought. She was pregnant, and expected to be soon confined. Examination showed pupils dilated; cornea insensible to touch; unconscious; lower limbs œdematous, had been so, husband said, for six weeks; comatose condition; os not dilated. When I reached her she was in a convulsion; bled, after which snoring ceased and pulse was better. After lapse of half-an-hour convulsions came on again; case was pronounced a dangerous one, and consultation advised. Dr. W. S. Harvey was called, who agreed with the doctor that it was a case of puerperal convulsions and advised delivery, which was immediately done—child dead. Mother died in about two hours.

Question—Did she die of uræmic poisoning or of cerebral hemorrhage?

Discussed by Drs. Brewer, Harvey, Magee and Fabrique.

President Daugherty now arrived and took the chair.

Dr. J. N. Felty read a paper on "The Menopause. and its Relation to Disease."

Discussed by Drs. Fabrique, Dewees, Magee, Daugherty and Harvey.

EVENING SESSION.

Dr. W. S. Harvey read a paper, subject "Report of a Few Cases of Perineal Lacerations."

DISCUSSION.

Dr. R. S. Magee thought the paper worthy of commendation, on account of obstacles overcome and success which was gained. The second case deserves especial mention when the author discovered the unsuspected condition, as he deserves credit for the course pursued. He deserves credit for reporting his mistake, unusual though it may be to do so, yet it is the way to learn. Silver wire sutures, shotted over rubber tubing, are being used now with splendid results.

Dr. Fabrique—The keynote to the paper was, that the muscles be brought in direct apposition, or the operation will result in failure. No established rule can be followed—any books are a poor guide. Each case and common sense must be our guide. The rectocele is what gives the trouble, and leads the patient to come; it is the rectocele that produces the cystocele; and when you do away with the rectocele the cystocele leaves. Prefers the silver wire suture; can't depend on the catgut. Proper time to do the operation is immediately after the laceration takes place—before leaving the sick room. Modesty here is unpardonable.

Dr. Dewees preferred the silver wire suture, shotted.

Dr. Daugherty—Thought he had no lacerated perineums in his early practice; trouble was he didn't look for them. Has practised the Dewees method of preserving the perineum, instead of pulling backwards, as is usu-

ally done. Since employing this method I seldom have a laceration. I always sew up the laceration immediately after labor, and do not wait. Use boiled hot water vaginal irrigations two or three times a day.

Dr. Harvey, in closing, said that there was no rectocele likely to occur without obstruction. No rectocele will occur when there is laceration of the sphincter ani. If good material is obtainable prefers the silk and catgut ligatures.

Dr. J. F. Brewer read a paper on "Laxatives and Cathartics, with their Application," which see on page 54 of this issue.

DISCUSSION.

Dr. Dewees—The indication for laxatives is a sluggishness of the bowels, which in my opinion is largely due to the want of sufficient water in the fæces. The fact is due to an insufficient amount of water taken into the system. The blood consists of about seventy-nine per cent. of water, which being its normal state, must be sustained to keep up the secretions. After taking the food there must be taken a sufficient amount of water to accomplish the first process of digestion, namely, hydration. This necessary amount of water being withheld, the physiological process is thwarted. The food is left for dissolution and digestion by the secretions of the stomach which now are demanded by excessive quantities. Result—the food imperfectly digested passes along the alimentary tract, the circulation reclaiming by reabsorption as much of its lost water as possible, leaves the fæces dry and hard, by the time it reaches the lower bowel. Now by advising a sufficient amount of water to be taken after and between meals this abnormal condition may be corrected.

Dr. Harvey—The use of cold or hot water taken one-half hour before breakfast I find to be an excellent laxative, and also a regular time for visiting the retreat as well.

Dr. Magee—Minute doses of the mild chloride of hydrargrum ⅓ to ¼ of a gr., well triturated in sugar of milk acts well, does not produce the nausea, less liable to salivation, as when given in the old 10-gr. dose. The retreat should be visited at regular and stated intervals. It should be adorned and made attractive, freed from the usual foul stench, its surroundings made as inviting as possible, and instead of a dislike it will be a pleasure to frequent this resort.

Paper was further discussed by Drs. Daugherty, Fabrique and Winterbotham.

Discussion closed by Dr. Brewer.

Dr. A. L. Blesh, of Hope, read a paper on the "Therapeutic Value of Rest in Affections of the Joints." See page 41 of this issue.

Discussed by Drs. Dewees, Magee, Daugherty and Fabrique.

Dr. Daugherty presented verbally the following case: A teamster in unloading a heavy stone, which slipped and caught his right hand, making a crescent-shaped cut over metacarpal bones baring them of their integument, muscles and periosteum, completely filling the tissues with finely pulverized stone. I used nothing but boiled water for cleansing; it took an hour to free the tissues of the particles of stone. Adjusted the flap of bruised tissue and sutured as well as possible; sprinkled with iodoform; put on antiseptic cotton and bandage, and allowed it to remain eight days; it bled profusely saturating the bandage. After eight days removed the bandage and stitches with but a single drop of pus.

Dr. A. H. Fabrique, of Wichita, was elected an honorary member of the society.

On invitation of Dr. R. S. Magee, the society was asked to meet in Topeka in April. Accepted.

Adjourned to meet in Topeka first Thursday in April, 1891.

F. B. BROWNE, M. D., Sec.

SALINA, KANSAS.

Eastern Kansas District Medical Society.

The quarterly meeting of this society was held in Lincoln post hall, Topeka, January 13, 1891, Dr. M. B. Ward, president in the chair.

By request of the secretary, Dr. W. D. Bidwell, who was suffering with inflammation of the eye, Dr. W. E. McVey was appointed secretary pro tempore.

On motion the reading of the minutes of the last meeting was dispensed with.

The following physicians were present: Drs. Burdick, Craig, Jones, Gray, Limmer, W. E. McVey, R. E. McNey, Minney, Mitchell, G. O.

Morgridge, Pelton, Roup, F. E. Schenck, W. L. Schenck, Terwilliger, Van Tuyl, Wall, Ward, Munn, Sheldon, McClintock, Williamson, Stewart, Alexander, Lindsay, Teft, Peers, Bradley, Longenecker, Reynolds, Scott, Bidwell and Gant.

The report of the treasurer was read and approved.

Dr. J. E. Minney read a scholarly paper on "Sympathetic Ophthalmia," giving his personal experience with a large number of cases.

The discussion was opened by Dr. Wall. In general he agreed with the writer, but thought the transference of inflammation might be through the lymph channels or the ciliary nerves. He queried why sympathetic ophthalmia came on after enucleation; why it always occurred from injury to the ciliary region; why enucleation or removal did not always start the sympathetic trouble. The doctor thought treatment was not of much avail, but favored operative treatment, and recalled one case that recovered without operation. Leeches, mercurials and rest in bed were considered the principal agents in treatment.

Dr. Longenecker thought the ciliary nerves, lymph vessels and blood vessels were all factors in transmitting the disease, and that panophthalmitis was not so prominent a cause as was once supposed, referring to Dr. Ayers, series of one hundred cases only thirteen of which were due to this cause. He always preferred enucleation as treatment.

Dr. Morgridge stated that simple sympathetic *irritation*, as stated in the paper, often resulted in ophthalmia, for it often results from minor injuries without any change of tissues, and is simply nervous sympathy not due to microbic influence. The doctor thought transmission most commonly was through the nerves. Sympathetic iritis may not demand operation, but irido-cyclitis always does. The time to operate is a most important consideration.

Dr. Minney closed the discussion, stating that he had operated with good result in two cases when iritis serosa was present. Speaking of the reflex nature of the trouble he recalled the fact that with an injury in the outer and upper quadrant, for example sympathetic ophthalmia will appear at the corresponding point in the other eye.

Dr. Gant of Kansas City, read a paper on the treatment of "Rectal Ulceration."

Dr. Reynolds of Horton, opened the discussion by inquiring if anæsthesia was employed in making applications and whether any of the benefits reported were due to stretching of the sphincters?

Dr. Burdick agreed with Dr. Gant in his methods of treatment and suggested glycerine and potassium iodide for a case of prolapsus with bloody discharge in an old lady of low vitality referred to by Dr. Reynolds.

Dr. Gant closed the discussion by stating that in treating ulcers about the anus he seldom found anæsthesia necessary, though he sometimes brushed over the surface with cocaine before introducing the speculum. Where applications were unsuccessful he sometimes favored paralyzing the sphincter. For Dr. Reynold's case he recommanded injections of silver nitrate, thirty grains to the pint, and applications of glycerine and balsam of Peru.

The paper of Dr. Gant will appear in the next number of the JOURNAL.

Dr. F. E. Schenck read a paper on "Purpura Hemorrhagica."

Dr. Bidwell had seen one case which was associated with rheumatism. The purpura disappeared in about two weeks under strict rheumatic treatment.

Dr. Gant had seen several cases in the hospital in New York. Mixed treatment was employed in some of these. None of them were of as long standing as the one reported.

Dr. Walker saw a case in an Indian boy, which he treated with laxatives and quinine. The spots all disappeared in about ten days.

Dr. Lindsay had heard that carbolic acid internally was a specific in this disease.

Dr. McClintock had three cases, all of which recovered in ten days.

Dr. R. E. McVey had seen a few cases of purpura, nearly all of which were associated with very severe hemorrhage. Iron, quinine and strychnine had served him best in their treatment.

Dr. Schenck in closing the discussion stated that he had tried carbolic acid in vain; ergot, belladonna and dilute sulphuric acid had given him most satisfaction. Hemorrhage from the nose and bowels was present, the latter when the pain was near the umbilicus.

Dr. Pelton presented a paper entitled "Pain."

Dr. Lindsay opened the discussion. He agreed with the writer that most of this subject was and must be theoretical. Objections were offered to the term "electrical impulses." As to the location of the sense of pain, he thought it had been demonstrated that the gray matter of the posterior columns was instrumental in transmitting it. The doctor thought that the location in the parietal lobes indicated that certain fibres were implicated in carrying the sensation, and referred to Dr. Danas' charts showing the points of irritation in the stomach and intestinal tract with corresponding pain in different parts of the cranium. The posterior bulb of the thalamus has much to do with pain. A case was reported in which an hallucination of sensation of the optic nerve was caused by irritation in the rectum.

Dr. Gant thought the part of the cord now considered to be implicated in the transference of pain was the outer surface.

Dr. Pelton in closing stated that he considered "electrical" an unsatisfactory word, but had no better to use in that connection. He considered that the columns of Goll transmitted muscular sensibility.

Dr. C. C. Bradley of Topeka, was elected to membership.

Censors—Drs. Bidwell, McClintock and Terwilliger.

Topeka was selected as the place for holding the annual meeting April 14.

The society then adjourned and its members were entertained by the Topeka Academy of Medicine in a manner most pleasing to the inner man.

W. D. BIDWELL, M. D., Secretary.

THE INFLUENCE OF METHODS OF EXAMINATION AND CONDUCTION OF LABOR UPON PUERPERAL MORTALITY.—Leopold and Pantzer (*Archiv fur Gynakologie*, Band xxxviii. Heft 2) have studied the problem of the relation of puerperal mortality, with methods of conducting labor and making examinations. It was found that many cases of infection arising after normal labor were occasioned by neglect of antiseptic precautions after labor. It was not sufficient that strenuous care be exercised during delivery, but every precaution must be taken to keep the patient clean during her lying-in period. It was found, however, that the best results were obtained by omitting all injections of antiseptic substances, and confining the attention to the most strenuous external cleanliness and antisepsis. It was also observed that in proportion as internal examinations were omitted, that mortality and morbidity diminished. It was seldom necessary in normal cases to make any further examination than such as can be made by palpation and auscultation at the commencement of labor, and a systematic observation of the behavior of the uterus during labor. The drift of these studies is distinctly in the line of non-interference and restriction of examinations to palpation and auscultation.

[The best preventive measure is a hot antiseptic napkin, renewed when soiled until the lochia ceases. ED.]

TINCTURE OF SUNFLOWER IN MALARIAL FEVERS.—Zubovitch has described in *Vratch* the action of sunflower in a variety of malarial diseases. He uses the tincture of the fresh flowers, or of the bark of the young stems, and gives to an adult a wine glassful three times a day, continuing its use two or three days after the paroxysms are arrested. His conclusion are:

1. The sunflower treatment is competent to the permanent and complete cure of malarial fever.

2. It has overcome cases that did not yield to quinine.

3. Its range of application is limited to no type of malarial poisoning, all the various types in which he has tried it being alike amenable to it.

4. No unpleasant symptoms, excepting occasional profuse night-sweats, have been produced by the drug.

5. The tincture of the flowers seems to act more rapidly than that of the bark.

What a wealth of antiperiodics is wasted in the golden bloom that lines all the highways, and covers all the waste places in the Sunflower State! By adding the internal treatment to the alledged prophylaxis of the plant, Kansas should be wholly free from periodic fevers. S.

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TOPEKA, KANSAS, FEBRUARY, 1891.

Minutes.

The report of a medical society, when properly made, contains the pith and brains of the meeting. It is more difficult to make such a report than to write a paper or make a speech. Physicians are not as a class good talkers. They know what they want to say, but being unaccustomed to talk and think on their feet at the same time, they get confused. Their thoughts are broken, and not always clearly expressed. They get ahead of their subject or omit something, and have to go back and clear up a hazy statement, or fill in where a blank space presents. Although poorly clothed at times the germs of thought are there.

Their actual practice, what they do in the death struggle, is expressed. The words may not be elegant but they convey a meaning to the intelligent listener, freighted with the deepest thought of that particular mind. It matters not how poor a talker he may be if the knowledge is there, it makes itself known by unexpected flashes, drives the truth home, and secures attention.

Two kinds of talkers secure attention—theoretical and practical ones. Both are liable to be misunderstood by the reporter and not reported properly. The theorizer, because he said nothing to report, although he talked and generalized elegantly and smoothly, but drives no pegs to hang something on.

The practical man ignores embellishments and formality, bares himself, and is in the midst of his subject before the situation is comprehended. In such cases the secretary is placed in an embarrassing situation. If he reports the former fully, his readers will say "bosh;" and the man himself is not pleased with his appearance in print, for he looks anæmic.

The practical man is mad because what he thought, but left unsaid, was not reported, or at least he did not intend to say what he did.

We are only a beginner in the work of reporting the transactions of medical societies—but on the threshold some things are apparent, viz.:

1. It is a hard task.
2. It requires special training.
3. The report should contain the gist of the whole proceedings, done up in a nut-shell, with a hammer attached, so it can be cracked by every reader and the kernel digested.

When the speakers are kind enough to write the discussion, it is a good plan for the discussion to follow the paper if it is published, mention of the page, its author and those who discussed it, and where the report in full can be found, is sufficient.

To say that Dr. A read an excellent paper on the etiology, pathology, diagnosis and treatment of malaria, handling his subject in a scientific scholarly manner, which was listened to with interest and pleasure by the members and visitors of the ——— medical society, conveys no idea of what a physician wants to know. It's a waste of time and energy, and a bore to the reader. If Dr. A said anything old or new worth recording, it should be reported.

Again, in the discussion Dr. C complimented the author of the paper, saying he enjoyed it very much, and that he, (C,) was greatly benefited by the paper. That it was a good one, and reflected great credit on the author. The subject was a difficult one to handle, but the author showed great erudi-

tion and familiarity with his subject, &c., and so on.

Now what benefit in a journal, or a medical society, if you please, is such talk. A word or two complimentary to the author, under certain circumstances is good etiquette, but it should be short. In this particular speakers could save time, be more instructive, add to the interest of the meeting, be more agreeable to the members, and be greeted by eager listeners if they would talk exactly to the point in short, pithy, crisp sentences. Beating around the bush and bringing in outside issues in order to talk and kill time, is wearing on the listener, and a thorn in the flesh of the reporter.

A Noble Profession for Women.

Every intelligent member of the medical fraternity, who, for any length of time has had charge of the sick-room, will readily admit the self-evident beneficial results which would accrue were physicians fully supplied with that all important link still wanting to complete our therapeutical resources, namely the *professional nurse.* This deficiency in our art, which is approaching a scientific basis, will be fully overcome only by the employment of educated and intelligently trained nurses, both male and female. But it is to the latter class that we wish to call special attention. By reason of the numerous occupations to which within the past few years—comparatively speaking—women have aspired, and which it must be admitted they honored and dignified by their peculiar intuitive taste and skill, there is no class more deserving our cooperative and heartfelt sympathy than young women. Now inasmuch as this is a high and responsible calling in which woman can have full scope for the exercise of divine gifts, it is but right and just that such intelligent ladies as those who became the active spirit of the Training Schools for Nurses in Philadelphia, New York, Chicago, Baltimore and other large cities of this country should take this duty in hand. A number of ladies should be thus encouraged in every city, to unite and form an organization for promoting this noble work, and the more experienced, intelligent and competent physicians should feel willing to volunteer courses of lectures. It is safe to say that not only will the physicians be found to give willingly a portion of their time to this needful end, but they will do even more than this; they will furnish employment to such of their pupils as show themselves worthy, and none other should be permitted to receive instructions with a view to engage in the service.

There remains no longer any doubt but that this method of presenting the subject will become popular, and with the proper persons at the head of these schools, we have every reason to believe in their efficiency, and that in this way much good can be accomplished. The subject is commended to the consideration of our readers for deliberation and action and it is hoped we shall see the various cities of Kansas take an active step in this direction and give good reports.

The Surgical Treatment of Bald Heads.

As there are a number of the profession in the city who are subject to the above complaint the following may not come amiss. It has been shown by experiments that grafts from an healthy scalp may be transplanted into the diseased ones, where they unite readily and a profuse growth of hair results. The operation is performed by means of a punch. The holes in the diseased scalp being filled by corresponding parts from the healthy ones. It allows a choice of any color or combination, so that a very artistic arrangement might be accomplished. It is possible also to have curly or straight hair. The only drawback to the remedy that suggests itself is the lack of persons who are willing to sacrifice themselves for the benefit of the afflicted, but that difficulty might be overcome for a pecuniary consideration. If the remedy ever becomes popular it will relieve the appearance of the anatomical mirror on the front seats of our theater, which will become a relic of the past.

Dr. A. P. Brubaker has been elected to fill the chair of Materia Medica and Therapeutics in the Jefferson Medical College formerly held by Dr. Bartholow.

LITTLE THINGS.

Low heeled shoes are reducing the number of cases of nervous prostration.

A COMMISSION of the University of Pennsylvania is conducting experiments with Koch's lymph.

THE Kansas Medical College has established a school of Pharmacy in connection with the Medical Department.

We are in receipt of a new journal "*The Prescription*," filled as its name implies, with prescriptions to suit every malady.

DR. F. LUTZ of St. Louis, was made surgeon-in-chief of the Frisco road, in place of Dr. J. A. McIntyre resigned. Shake, doctor.

THE Board of Trustees of the *Journal of the American Medical Association* favors the removal of the *Journal* to Washington, D. C.

THE Chinaman has no word for hospital, so he designates it as "The Universal Benevolent Healing Office." John Chinamen is not slow, after all.

CENSUS of 1890 shows the population of the United States to be 62,480,540 exclusive of Indians and Alaska. An increase of nearly 25 per cent. since 1880.

DR. WM. A. PHILLIPS, Salina, was recently made local surgeon of the four roads entering Salina, viz.: A. T. and S. F., Union Pacific, Missouri Pacific, and C. R. I. and P. R. R.

DELAFIELD regards pneumonia as an infectious inflammation requiring three factors. First, a pathogenic bacteria. Second, an exciting cause for the inflammation. Third, a susceptibility.

NEVER allow your tongue depressor or thermometors to be used the second time without thorough cleansing and disinfection. We can not imgine a more certain method of carrying diphtheria.

DRS. A. S. M. ANDERSON and G. W. Newman of Salina, removed to Missouri during December, the former to Pierce City, the later to Mt. Vernon. They are hard workers in their profession and we know that they will succeed.

WISCONSIN is discussing the advisability of a medical law, favoring a board of medical examiners, recommending that in the fundamental branches—anatomy, chemistry, physiology, pathology and hygiene, the examination should be the same for all classes of practitioners.

MORPHINE can be given through the nose, dividing the dose into two parts, placing them each on the thumb and snuffing up the nose It instantly begins to be absorbed and its action is as rapid as when given hypodermically. Nasal cavities should first be cleansed before administering.

DR. NICHOLAS SENN has been retired from the faculty of the Rush Medical College. The students lament this change and unanimously desire his retainment. The unwillingness of another rival to share with Prof. Senn, the clinical work of the college has brought about this state of affairs.

EHRLICH'S test in typhoid fever is being revived again. Johns Hopkin's Hospital reports twenty-six cases the reaction was only absent in four cases of which two were children. One a very mild case, lasting but eleven days. This reaction must be made from the fifth to thirteenth day if it be obtained.

PROF. DA COSTA, says to determine the site of *obstruction of the bowels*, the accumulation may often be felt through the abdominal walls; when this can be accomplished the following symptoms are of value: If the obstruction be high up there is little secretion of urine, if low down there is free secretion of urine.

WE beg leave to mention the receipt of the following reprints, with the compliments of the author, Wm. B. Dewees, A. M., M. D., of Salina, Kas., "Malarial Affections;" "Relaxation and Management of the Perineum during Parturition;" "The Vaginal Tampon and its Uses," all of which are well illustrated and reflect credit on the author.

DR. L. UHLS of Topeka, is at San Antonio, Tex., with a former White City patient, who is an invalid. How pleasant it would be for doctors if they could all be so lucky as to have expenses paid and a salary for accompanying an invalid patient during the winter months. The doctor says garden sass looks fine.

A Ready Method of Diagnosing Corneal Ulcers.

When a solution of fluorescein is dropped into an eye that has lost any of its epithelium, the spot is dyed a deep green color. It is one of the coal tar products, of a red color, and soluble in water. The strength of the solution used was ten grains to the ounce with the addition of fifteen grains of sodium bicarbonate. It is non irritating even when there is intense inflammation present. Dr. Randolph has used it in over one hundred cases and has found its effects constant. The stain remains from half an hour to two hours, and has no effect on the healthy cornea. Small ulcers hardly distinguishable by oblique illumination were made plainly visible by a drop of the solution. This means of diagnosis is especially of service in the case of young children with corneal ulceration in which the photophobia is so intense that a good view is hardly obtainable. Also in the cases of foreign bodies in the cornea, their position can be located by the green ring formed around them.

The diseases of the uterus and its appendages and diseases of the eye bear a strong relationship to one another and a direct connection can be traced between the two. Patients unquestioned will often remark that during menstruation their eyes give them more trouble than at any other time. Ladies who suffer from scanty and painful menstruation, invariably have extremely small pupils at their menses. This is doubtless due to the iris being unusually supplied with blood, owing to the scanty menstrual flow. A sudden cessation of the physiological functions of the uterus causes venous hyperæmia, which on its part will cause stagnation of the blood in remote localities. Misplacement of the uterus, ovarian disease and insufficient menstrual flow are female troubles most likely to produce or aggravate eye diseases; diseases of the uveal tract and scanty menstruation bear a very close connection.

We have just received at the Journal office one of those Nedfiök sofas. It is everything that is claimed for it and is handsome enough to please the most fastidious. It is neat and rich in appearance, easy to manipulate and capable of giving most any position imaginable. Its ordinary appearance is that of a very fine office lounge or sofa; when raised to table height or to any of the intermediate positions, it is as solid and substantial as one could wish. It is very simple in construction all the parts being made of heavy oak and lined with iron where additional strength is needed. We think that in the Nedfiök the manufacturers have most accurately guaged the need of the all around general practitioner.

In this day of new remedies where fashion decrees that the latest discovery must reign supreme, at least for a while, it is refreshing to observe arising from this chaos of novelties such a standard preparation of old and well tried remedies as Renz & Henry's Elixir Three Chlorides. This preparation represents in an elegant Elixir those most potent agents, Iron, Arsenic and Mercury in the form of Chlorides. If one can judge from the unstinted praise it is receiving from the profession, it acts as well within the body as it appears upon paper.

The Eastern Kansas District Medical Society, held a successful meeting January 13, '91, in Topeka. Over fifty physicians were present. The next meeting will be held in Topeka. This is owing to the railroad facilities. There is no other city in the district so favorably located in this respect. The Topeka physicians took delight in honoring the visiting brethren by banqueting them at Hopkins' fashionable cafè. It was under Drs. Munn and Rodgers administration, the city society took on new life, and Drs. Ward and Bidwell may feel a just pride in the unprecedented success of the Eastern Kansas District Medical Society.

Medical Legislation in Congress.—Senator Platt has introduced a bill in congress providing for an appropriation of $100,000 for founding a National laboratory. The object of the institution will be for continuous scientific study and research into the cause and

nature of disease. It is proposed that this work shall be extended and enlarged in the study of bacteria and bacteriological diseases in both man and animals—of the latter especially the domestic animals used for food. The latter clause is our hope of this proposed law materializing. The animal may save it.

THE following are the officers of the Sections of the State Medical Society:

Surgery—Dr. Cordier of McPherson, president; Dr. Munn of Topeka, Secretary.

Gynecology—Dr. Fabrique of Wichita, president; Dr. Ward of Topeka, Secretary.

Ophthalmology, Otology and Larnygology—Dr. Longnecker of Emporia, president; Dr. Wall of Topeka, Secretary.

There will be time for all papers owing to the division of the work. Any physician who is a member or who is eligible to membership in the society will confer a favor on the officers of the sections by notifying them if they will prepare a paper for the meeting.

A MEASURE has been introduced in the Georgia legislature entitled "a bill to prohibit physicians or prescription clerks in drug establishments from pursuing their profession or calling who may become intoxicated from the use of intoxicating liquor or opiates and to provide a penalty therefor." Dr. Baldwin is the author of the bill, which further provides if a physician or drug clerk gets drunk the second time he is deprived of the privilege of continuing his calling.—*Druggists Circular and Chemical Gazette.*

What a travesty on the humanitarian principles of our profession, that its members perchance should need greater and more stringent restricting measures against these, the worst of vices, than their weaker fellows, whom, it is its calling and boasted duty to cure and protect from all vices, physical and mental.

AT this season of the year, when acute inflammation of the respiratory organs is most prevalent, it is well to remember that a reliable means of aborting it, is to order hot drinks—preferably hot lemonade—and hot foot baths immediately before retiring for the night, followed by the administration of ten to twenty grains each of quinine and chloral hydrate. Keeping the patient in the house for a few days afterward, whi attentionle to bowels and diet is likewise of importance.

OIL OF TURPENTINE IN MALARIAL AND CONTINUED FEVERS.—Dr. Oscar McMullen states that oil of turpentine is a faithful regulator and restorer of excretory power, besides possessing no mean antiseptic powers. The caution to be observed is not to give it in too large doses, but to obtain just that mild and equable degree of stimulation as shall be sufficient to overcome the torpidity of action which always, to some extent, obtains in this fever. If given to the degree of producing congestion and strangury, all good results will be lost and great harm will inevitably ensue. The dose for an adult which he generally prescribes is from five to eight minims in emulsions, to be taken every four hours. Thus:

℞	Olei terebinthinæ pur.		ʒ iij.
	Olei gaultheriæ		gtt. xv.
	Pulv. acaciæ		ʒ ij.
	Sacch. albi		ʒ ij.
	Aquæ aromat	q. s. ad.	ʒ iv.

M. Sig. Teaspoonful, diluted, every four hours.

This prescription will bear the addition of lactopeptine if the digestion require it, and of bismuth subnitrate should diarrhœa supervene.

A LARGE amount of space is occupied in this number of the JOURNAL and will be in the next with the subject of "Sympathetic Ophthalmia and its Treatment." It is believed to be warranted from the fact that the general practitioner is the first to see the great majority of these cases, and upon him rests the responsibility of determining what should be done.

THE State Medical Society of Kansas will meet the second Wednesday in May in Wichita. The time has been changed from Tuesday to Wednesday to give the county pension examiners an opportunity to attend. The first session will be held on Wednesday evening, and the meeting will continue the three days following. The various sections are getting their programs prepared and the prospect is that the attendance will be unustally large.

RECTAL ALIMENTATION.—Dr. Weaver formulates the following conclusions, which are quoted in the *Medical News* by Dr. A. H. Hills:

1. By the use of enemata life can be sustained indefinitely with little, if any, loss of weight to the body.

2. In a large proportion of cases in which rectal aliment is used, true digestion of albuminous, saccharine and fatty food takes place, by virtue of a reversal of the normal peristalsis of the alimentary tract.

3. While this is the case, there are doubtless instances in which retrostalsis does not occur, and for that reason the food used should first be artificially digested before being injected into the rectum.

4. While milk, eggs and brandy are the best aliment for rectal nutrition, no one article should be used for too long a time, but frequent changes should be made, observing the greatest care to prevent irritation of the rectum, or intolerance of that organ for the nutriment required.

5. The enemata should, if possible, be administered by the physician himself. Where difficulty in retaining the aliment is encountered, the colonic method is preferable, the food being propelled through a rectal bougie. The food should be of the temperature of the body.

6. The rectum having once become intolerant of enemata, *absolute rest* must be given to that viscus for a few days, and reliance be placed on nutritious inunctions of the surface of the body.

7. For rectal alimentation there exists a wider range of usefulness than has heretofore been assigned to it. It is not only appropriate in the severer forms of chronic disease of the stomach and œsophagus, but is indicated and should be utilized in the management of all *acute* diseases when, from any cause, the stomach becomes intractable and rebellious.

8. In diseases of the stomach, even where a portion of the food ingested is retained by that organ, only to undergo fermentation, inducing thereby pain and distress. it is more logical to resort to rectal alimentation, not as an *adjunct* to, but a *substitute* for, stomachal ingestion.

9. Certain organic lesions as well as functional disturbances of the stomach are curable by means of rest to that organ, and by no other means. In rectal alimentation we have a safe and sure means of nutrition, pending the necessary period of rest to that organ.

DIED.

Mrs. Margaret Stewart, wife of Dr. S. G. Stewart, Professor of the Theory and Practice of Medicine in the Kansas Medical College, and Associate Editor of the JOURNAL, died at her home, 511 west Eighth street, of pneumonia, at 2:50 p. m., January 28, 1891. Mrs. Stewart—nee Bigger—who was born in Green county, Ohio, in 1864, was a model wife and mother, and an honored member of the United Presbyterian church. In his great sorrow the Doctor has the sympathy of all who know him.

PERNICIOUS VOMITING IN PREGNANCY.—Flaischlen reports five cases of pernicious vomiting in pregnancy, of which three perished. In two cases, induced abortion resulted in prompt relief to the patient, while two of the fatal cases were lost in spite of this resource. Flaischlen believes that, as a rule, the uterus is emptied much too late in these cases. He regards a very rapid pulse as the most important indication of danger, and would base his decision regarding the necessity for interference largely upon this symptom.

A METHOD in the treatment of aneurism has been advised for inducing the formation of white thrombi, is to insert metallic pins through one wall of the aneurism, so as to lightly scratch the inner surface of the opposite wall. At the point where the injury is inflicted, white blood corpuscles soon begin to collect, the collection gradually gathers to itself new recruits and a parietal thrombi is formed out of the leucocytes.

IN *slow and painful child-births morphine* ½ gain with *atropine* $\frac{1}{06}$ grain, repeated at intervals of two to four hours during the first stage, and chloroform inhalations during the

paroxysms of pain in the second stage, are of inestimable value, deserving a more universal recognition by the profession. It may be interesting to know that so far not a single death is on record from the administration of the remedies as aforesaid.

Epsom Salts in the Treatment of Acute Dysentery.

[In the *Lancet*, October 4, 1890.]

Dr. A. W. Leahy writes that for quite a while he has been in the habit of using sulphate of magnesia, as a remedy in cases of acute dysentery, and has been much impressed with the successful results which have attended its use.

Dr. Leahy publishes a table of ninety-five cases treated in Hyderbad, all apparently being marked cases of dysentery. Out of the ninety-five three died; two of the three cases were stated to have been at the time of their admission into the hospital, in a moribund condition. He says that it is especially adapted to the acute stage, when there is fever, pain, tenesmus, and stools of mucus and blood; that it lessens the hyperæmia, and causes fæcal evacuations, with the result of relieving the pain and the distressing straining.

It appears from his table, that on an average two days' treatment with the Epsom salts is required to produce disappearance of the dysenteric symptoms. The treatment subsequent to this treatment is an astringent mixture with opium. His method of administration is to take a sufficient quantity of sulphate of magnesia to saturate seven fluid ounces of water, and to the saturated solution add one ounce of diluted sulphuric acid. The dose of this is a tablespoonful every hour or so in a wine glassful of water until it operates.

Admitting that the treatment is sound, why does the Doctor call it the Epsom Salts Treatment of Acute Dysentery? Is it not a mixed treatment? and has not the plan been followed for years? that of relieving the fever, pain, tenesmus, &c., by the administration of salines, thus using astringents and opium to give rest and quiet to the intestines.

Excellent mixed treatment. The day of specific medicine is not yet. J. W. D.

Tongaline in Scarlet Fever.

Dr. I. N. Love has had remarkable success with the employment of tongaline as a stimulator of the glandular system. He finds that the kidneys and glands of the alimentary canal respond favorably to the use of this preparation, in doses of from one-half to a teaspoonful every three hours when indicated.

He is in the habit of using the following formula:

℞	Tongaline, mellier,	1 fluid ounce.
	Syr. tolu,	1 fluid ounce.
	Elix. lactopeptin,	2 fluid ounces.

M. Sig. Dessertspoonful every two to four hours, as demanded.

The writer says that tonga is indicated in scarlet fever, and the salicylic acid, which forms a part of the compound, is surely advantageous, and the small amount of pilocarpine therein is also of great value.

IODINE FOR VOMITING.—Iodine is useful to relieve the vomiting of pregnancy and also other forms of this distressing symptom, including that accompanying alcoholic gastritis. Ten drops of the tincture in four ounces of water, one-third of this after each meal, is the usual dose. It sometimes causes a pleasant sensation of warmth in the stomach which may last twenty or twenty-five minutes.—*Corresponding f. Schweizer Aerzte*, No. 18, 1890.

DR. WARD'S paper in last months JOURNAL should read, "Report of Cases with Specimens," instead of with "appliances." If our patrons will read the paper with the correct heading and say the specimens of their kind can be excelled, we will claim until forced to abandon our statement by actual seeing, that another Eli P. has arisen.

Doctor—"Well, Dennis did you take the pills I sent you?" Dennis—"Indade, dochtor, an' I did not: ye wrote on the box 'one pill three times a day,' an' I've been waitin' till I see you to ask you how a man was to take a little bit av a pill loike that three times in wan day?"

READ our advertising pages.

MEDICAL MISCELLANY.

The Rationale of Influenza.

The following remarks by Dr. Laffont, Professor de Thérapeutique à la Faculté de Médicine de Lille, will be read with interest; the epidemic which was such a cruel scourge last winter is again appearing, although up to the present in a milder form. It may, therefore, not be without use to consider at the present moment the most rational treatment of this affection, at all times painful, and sometimes, from its complications, serious. This malady is, I consider, a contagious catarrhal affection, in its milder form known to us as "grippe," but from its recent serious epidemic character christened "influenza," a name it will probably retain henceforth. The symptoms of this complaint are manifested invariably by a functional depression, more or less marked, of the whole system, varying from simple lassitude, stuffiness of the nose and slight gastric obstruction, all premonitory symptoms of a large number of contagious diseases, and fortunately often constituting the only symptoms of the malady, which in such cases passes for ordinary "grippe."

In the late epidemic, to these premonitory symptoms succeeded all the characteristics, of typhoid infection; nausea, fever, muscular pains, delirium, pneumonia, with tendency to suffocation and complete prostration. In the discussions at societies and in medical journals on its etiology, some described it as a simple catarrhal affection, more or less grave, having for cause the influence of the external conditions of the atmosphere, and denied its contagious character, others sought at once for the microbe. In the midst of these etiological discussions, no therapeutic law was propounded, and the medical journals were advocatiug here aperient medicine, antithermics; there, the Vin Mariani (made from the coca of Peru) and tonic medicines; elsewhere, counter-irritation and balsamics were said to do wonders; almost everywhere was admitted the specific effect of sulphate of quinine, or still better salts of quinine, above all, antipyrin. From my own experience, based upon a great number of cases and of myself in particular, I have no hesitation to assert that the method which succeeded the best was essentially eclectic. Thus, at its first manifestation I was able to arrest the development of the disease by administering an aperient (oleum ricini by preference,) then causing thoracic revulsion by rubefaction, or even vesication, and by provoking simultaneously a non-depressing diaphoresis, easily obtained by administering several times in the day a grog made from Van Mariani, one-third wine and two-thirds water, very hot, with sugar, such as has been prescribed by the learned laryngologist Fauvel for hoarseness and loss of voice, "a frigore."

In the presence of influenza in the state when the patient was completely depressed, very far from ordering antipyrin, which only augments the depression, I found it much more effectual to administer strong tonic, such as generous wines, champagne, whisky rum, cognac tonics, physical and moral, such as the preparations of Coca Mariani, Vin and Elixir, at the same time causing revulsion, and administering repeated aperients. From this treatment I rapidly cured myself, and observed the same results in patients without that long and tedious convalescence due, I think, to the weakness caused by the use of antipyrin.

I advise, then, as a rational treatment for influenza and kindred affections; first, gentle purgatives; Second, diaphoretics and revulsives; third, strong tonics.—*The Medical Press and Circular.*

LONDON, November 19, 1890.

MENSTRUATION AND PREGNANCY AFTER THE REMOVAL OF BOTH OVARIES.—Robertson reports a case in which both ovaries were removed for the relief of chronic pain and disability. Three months after the operation the patient menstruated normally, subsequently married, and was delivered of a large male child about eighteen months after the ovaries had been removed. (The most rational explanation of this case is that a portion of the ovarian stroma was left behind by the surgeon at his operation.)—*American Journal of Medical Science.* [Would not the presence of a supernumerary ovary be more rational?]

Fifty Remembers for Druggists.

BY H. M. WHELPLEY, M. D., PH. G.

1. Remember that saltpetre and sulphur may explode, if pounded in an iron mortar.

2. Remember that powdered camphor can be kept in the pulverulent form by the addition of one-half per cent. of oil of vaselin.

3. Remember that a "want" book is of no value unless used.

4. Remember that sugar added to ordinary ink forms a good copying ink.

5. Remember that quinine will preserve mucilage, paste, etc.

6. Remember that anilin colors fade with age. Records should not be written with anilin ink.

7. Rember that kid gloves can be cleaned by rubbing them with a clean chamois, dipped in sweet milk.

8. Remember that sulphureted hydrogen water is best preserved in glass stoppered bottles, with the stopper protected by vaselin.

9. Remember that cherry laurel water and morphine salts are liable to form the poisonous cyanide of morphine.

10. Remember that powdered rosin may produce spontaneous combustion.

11. Remember that an application of a weak solution of hydrochloric acid, followed by a weak solution of chlorinated lime, will remove logwood stains from the skin.

12. Remember that rose water made with carbonate of magnesium and used to make eyewater by dissolving zinc or lead salts, will form an irritating precipitate.

13. Remember that many celluloid articles can be mended by covering the edge with glacial acetic acid and pressing them firmly together until dry.

14. Remember and mix acids with water, by pouring the acid into the water and not the water into the acid, as the latter process may cause an explosion of steam.

15. Remember that etherial solutions of iodoform are not permanent.

16. Remember that prescription vials are not always accurate measures, and the quantity of liquid to be used should be measured in a graduate.

17. Remember that the granulated gum arabic dissolves more readily than the powdered.

18. Remember that chloral and cyanide of potassium mutually decompose each other, and that hydrocyanic acid is one of the products.

19. Remember not to keep books of reference where you cannot find them.

20. Remember that it is wrong to accept apprentices who do not like the business.

21. Remember and do not permit graduates, mortars, etc., to stand around dirty. It is much easier to clean them immediately.

22. Remember and do not lose your presence of mind when an accident occurs.

23. Remember that a physician's patronage may cost you more than it is worth if you are over-anxious to hold it.

24. Remember that the drnggist should be able to detect any adulterations liable to occur in the medicines he sells. Ignorance is indicated by the excuse. "It was sold to me for the genuine."

25. Remember that the official chemicals are not always "C. P." The terms "U. S. P." and C. P. are not synonymous.

26. Remember that the antidotal treatment for the most common poisons should be familiar to druggists. It is not sufficient to know where to find them.

27. Remember that pyroxvion should be kept packed in glass and moist with its own weight of water.

28. Remember that glycerine administered in large doses may produce poisonous symptoms.

29. Remember that when alcohol and water are mixed the combined volume is less than the sum of the two separate liquids.

30. Remember that alcohol stains varnished surfaces.

31. Remember that the druggist who makes a failure of his own business knows how to run every other store in the neighborhood.

52. Remember that moistening aconite tubers with alcohol before powdering in a mortar will prevent the irritating dust from rising.

33. Remember that carbolic acid is conbustible.

34. Remember that the National Formulary is the authority for non-officinal preparations.

35. Remember that iodine and iodides precipitate the alkaloids.

36. Remember that scaly iron salts dissolve more readily by adding the scales gradually to the menstruum than by triturating in a mortar.

37. Remember that it is never safe to manufacture a preparation from memory. Always have the formula before you.

38. Remember that acetate of lead loses some of its acetic acid when exposed to the air.

39. Remember that cocaine and borax form an insoluble borate of cocaine, while boric acid and cocaine do not.

40. Remember that black lead is not plumbum, but a form of carbon.

41. Remember that eulyptol is a proprietary preparation and differs from eucalyptol.

42. Remember that the metric system has been adopted for the seventh decennial revision of the U. S. P., and it is time to learn the principles of the system.

43. Remember that five parts of phenol with ninety-five parts of water, or five parts of water with ninety-five parts of phenol, forms clear mixtures.

44. Remember that the American Pharmaceutical Association meets at Old Point Comfort, Virginia, September 8, 1891, and that every druggist here should attend.

45. Remember that learning the answers to a set of examination questions does not prepare you for an examination.

46. Remember that Bastin's New College Botany and the fourth edition of Maisch's Organic Materia Medica, are two books which should be possessed by every pharmacy student.

47. Remember there will be plenty left to learn, even if a clerk studies several text books before he enters a college of pharmacy.

48. Remember that your certificate of registration should be prominently displayed.

49. Remember that many cabinet specimens of drugs and chemicals are easily ruined by rough handling.

50. Remember and eat at regular hours and take the usual amount of time for meals that other business men enjoy. Few things make a person ill-natured quicker and renders him more unsuitable for business than irregular habits about eating. I think that much of the proverbial crabbedness of druggists is due to their habits of eating behind the prescription case where they are frequently interrupted by customers.—[Read at the Missouri State Pharmacentical Association, 1890.

RESORCIN IN DIPHTHERIA.—Andeer has recently collected evidence in regard to the usefulness of resorcin as an antiseptic, and especially with reference to its employment in diphtheria.

Recent investigations have shown that this drug is a very active antiseptic, and harmless even in solutions containing ten per cent. of it. A ten per cent. solution in glycerin penetrates the tissues rapidly. At the St. Lazare Hospital it has proved serviceable in diphtheria.

It should be used every one or two hours, day and night, locally to the diseased spot. A spray of a five per cent. solution should be kept up in the patient's room, and, further, two to four teaspoonfuls of a two per cent. solution of resorcin in syr. terebinth. should be administered daily.

In diphtheria of the larynx resorcin is of little value.—*Centralblatt f. d. gesammte Therapie*, Heft 9, 1890.

A NEW TREATMENT OF HABITUAL CONSTIPATION (Flatau).—The medicinal treatment of habitual constipation does not, generally, produce very favorable results, consequently we have had recourse, in these late years, to other methods, such as massage, gymnastics, electro-therapeutics. These methods themselves generally result unfavorably. I therefore think it worth while to point out a medicament which has succeeded very well in a series of similar cases. I insert or insufflate on the mucous membrane of the rectum a pinch of powdered boric acid. I use the above at first every two days, and later on less often. I have obtained by this proceeding remarkable cures in old cases previously treated by other means without result.—*La Medicine Moderne.*

GREETING THE DOCTORS.

OF THE

Mississippi Valley Medical Association.

BY ALICE HAWTHORNE,

We welcome you, Doctors, sincerely we do,
We open the "gate" of our city to you;
For Louisville boasts of her colleges grand,
She's proud of her doctors she sends o'er the land.
This is surely the age of progress I ween,
And that "Science" holds sway, is plain to be seen:
While you as the lords of this Science so great
Are called by the sick both early and late;
What matters the weather if snow, storm or rain
Onward you go to the relief of a pain.
Lords of a Science as well as "Creation"
And yet at times you indulge in flirtation.
Brave Knights of "Medica" so subtle in art,
Should study with care, both the brain and the heart.
Your calling is noble, don't trail it in dust,
A casket, bright jewels can tarnish with rust.
If your comrades are down, O, give them your hand
It will please the Angels in that better land.
Your calling gives scope to sweet charity's deed,
You will prosper through life by taking this lead.
What matters if chits and your capsules and pills,
Should occasionally fail you, in curing of ills,
Your calling is surely not liliputian,
Then why not at once evoke Evolution.
Ah! some of you hail from the progressive East,
Your knowledge of "Science" to us is a feast.
Some hail from the Orange and Magnolia tree
Whose sweet fragrant blooms are a pleasure to see,
Weave the North and the South, the East and the West
In union, a motto to wear on each breast.
And when leaving for home on each happy route,
Remember our city, "The Gate of the South."

LOUISVILLE, October, 1890.

WE invite special attention to a very able article in the *Medical Mirror* for December. On the Health of the American Girl, Injury, Cause and Remedy, by Geo. J. Englemenn, A. M., M. D., of St. Louis, Mo. It is well worth the reading and deserves commendation for its plain practical and common sense teaching. We make the following extract:

"Constant injury is wrought by the error of system in a school-room and work shop, but potent and more directly evident causes of ill health and functional disturbances in the growing girl exists in our daily life, our social customs, and our habits of dress. To them I will not refer, they are too well known.

"The constriction and compression of the corset, the dragging pounds of the skirt, the circulation impeding garter, the insufficiencies of low necked dresses, of thin stockings and shoes, and the total absence of protection where it is most needed, the absence of drawers.

"Among our social customs there are many which bring ruin to the developing form and function. I cannot even touch upon all of them; there is but one of which I shall speak, and that is the most dangerous of all,—more or less underlying all other causes of disease; —it is the ignoring of the function of woman by woman, by the mother, and her ignorance of its import.

"Fearful are the consequences of woman's ignorance, the calamities which follow the course of the misguided mother, swift, certain and lasting the penalties inflicted upon the ignorant or ill-advised girl, whose one great misfortune is her ignorance of self. In darkness she steps into the unknown sphere of womanhood, and in darkness she pursues its irregular path; fortunate she who may by chance not stumble.

"Great is the danger in all classes, be it from ignorance or modesty, but most susceptible is the highly strung nervous system of the more refined organization. Even though the bark float in safety through that first stormy epoch of life, it it constantly endangered, most of all from the ceaseless crash of the ever recurring waves of functional activity, and it remains in need of guidance until it has passed through a final storm, at the change of life, into calmer waters. The mother is the pilot, the functional hygiene the guiding chart, the physician the engineer who maps it out.

"So common are the injuries to female health at this epoch that I need but mention a few of the examples which have come under my observation during the writing of this paper, in fact I may say almost upon this very day, to astound you. Fright, nervous and emotional excitement, exposure to cold have brought injury to so many at this time. Indiscretions caused by the unexpected and alarming appearance of blood are only too frequent; what more natural than that the anxious girl should seek to check the bleeding wound, as she supposes?

"For this purpose the use of cold washes and applications is common, some even seek to stop the flow by a cold bath, as was done by a now careful mother, who lay long at the point of death from the result of such indiscretion, and, but slowly, by years of care, regained her health. The terrible warning has not been lost, and mindful of her own experience she has taught her children a lesson which but few are fortunate enough to learn.

"How many more, who have passed in safety through the first ordeal, are ruined by an indiscretion or an exposure at a later period; many a vigorous frame has been broken, health has been ruined and death even caused, by disturbance of the function during its period of activity, by exposure, by cold, by physical or mental exertion, by nerve or emotional excitement. A cold foot bath during the period, a dance in a low neck dress, a walk in rain or snow, a hard day's work of mind or muscle, or excitement of heart or head, has made an invalid of many a previously healthy girl, by its influence on this omnipotent function."

The Constant Galvanic Current in Gynæcology.

At the International Medical Congress at Berlin in August, Dr. Apostoli of Paris read a paper before the Section on Obstetrics and Gynæcology, on the use of "The Constant Galvanic Current in Gynæcology," in which he said: "The constant galvanic current finds its principal indication in gynæcology in endometritis and fibroma; sovereign against circulating and painful affections (amenorrhœa, dysmenorrhœa aud metorrhagia), it is a powerful agent in arresting the evolution of benign neoplasms, and in aiding in the absorption of peri-uterine exudates.

"It exercises a very salutary resolvent action in many peri-uterine phlegmasiæ, and in certain catarrhal ovaro-salpingitis, *but it is inefficacious and even injurious in high dose, especially if the intra-uterine pole is negative, against the suppurative phlegmasiaæ of the appendages.*"

The diagnosis of these intra-pelvic diseases is always so uncertain, it seems to be the wisest and safest course to give electricity a *wide berth in all pelvic inflammations.*

Laboratory Notes.

NEW PORK, October 15, 1890.

Dr. Paul Gibier, director of the New York Pasteur Institute, begs to inform you of the results of the preventive inoculations against hydrophobia performed in this Institute since its opening (February 18, 1890.)

To date 610 persons, having been bitten by dogs or cats, came to be treated. These patients may be divided into two categories:

First.—For 308 of these persons it was demonstrated that the animals which attacked them were not mad. Consequently the patients were sent back after having had their wounds attended, during the proper length of time, when it was necessary. *Four hundred patients of this series were consulted and treated gratis.*

Second.—In 130 cases the anti-hydrophobic treatment was applied, hydrophobia having been demonstrated by veterinary examination of the animals which inflicted bites, or by the inoculation in the laboratory, and in many cases by the death of some other persons or animals bitten by the same dogs. All these persons are to-day enjoying good health. *In eighty cases the patients received the treatment free of charge.*

The persons treated were: 94 from New York, 12 from New Jersey, 12 from Massachusetts, 8 from Connecticut, 9 from Illinois, 3 from Missouri, 3 from North Carolina, 1 from Kentucky, 1 from Maine, 1 from Maryland, 2 from Texas, 2 from Georgia, 2 from New Hampshire, 3 from Pennsylvania, 1 from Ohio, 1 from Arizona, 1 from Iowa, 1 from Nebraska, 1 from Arkansas, 1 from Louisiana, 1 from Ontario, (Can.)

With kindest regards of the Pasteur Institute,

PAUL GIBIER.

—*The Bactieriological World.*

ANTISEPTIC DRESSING—Will many times be raised by the patient out of curiosity. You should therefore caution every patient on whom the dressing is applied, that under no circumstances should he investigate the condition of the wound.

SUBSCRIBE for the MEDICAL JOURNAL.